Geo. E. Palmer M.D.
from his Brother
Cortland Decr 1849

Franz

HARTMANN'S

THEORY

OF

CHRONIC DISEASES

AND THEIR

HOMŒOPATHIC TREATMENT.

Geo: E. Palmer M.D.
Dec 1849

THIRD GERMAN EDITION.

REVISED AND CONSIDERABLY ENLARGED BY THE AUTHOR.

TRANSLATED, WITH ADDITIONS,

AND ADAPTED TO THE USE OF THE AMERICAN PROFESSION,

BY

CHARLES J. HEMPEL, M.D.

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THE

TRANSLATOR'S PREFACE.

This volume completes Hartmann's work on the treatment of Acute and Chronic Diseases. I commend it to the careful attention of all those who are anxious to possess a systematic *exposé* of the homœopathic treatment of acute and chronic diseases. It is the only complete work of its kind in existence, and will be found a most acceptable guide of practice, not only to beginners, but also to older practitioners.

I ought to state, here, that Hartmann generally prefers the attenuations from the 30th downward, especially in the treatment of syphilis and chlorosis, where, he contends, large doses of low attenuations are absolutely necessary to a prompt, safe and thorough cure.

In this, I believe, all wise observers agree. On the other hand, the so-called high potencies are, in certain cases, valuable in practice, Hartmann's opinions to the contrary, notwithstanding. Of course, if we wish to see effects from the high potencies, we must in the first place be sure to select the proper, that is, the specific remedy. I have seen effects from the high po-

tencies, a denial of which would infallibly and necessarily lead to the rejection of all evidence of any action of our medicines whatsoever. Hartmann contends, and I fully agree with him in this, that the successful treatment of syphilis and chlorosis requires large doses of the specific remedial agent. To this I would add, that another numerous class of diseases requires, in a large number of cases, the exhibition of large doses of the specific medicine, viz: hysteria, neuralgia (with a few exceptions), the numerous ailments arising from nervous irritation, and intermittent diseases, especially fever and ague. The specific remedy for neuralgia, nervous irritation, and hysteria, is *Aconite*, as will be demonstrated in the Organon to which allusion has been made in former volumes; the principal specifics for fever and ague in our country are: *Cinchona* and *Arsenic*, the former of which has sometimes to be given in five drop doses, at repeated intervals, to effect a permanent and reliable cure.

CHARLES J. HEMPEL.

NEW-YORK, 1849.

SEVENTEENTH CLASS.

§ 178. *Apoplexia cerebralis, Apoplexia sanguinea, encephalorragia.*

By apoplexy, we understand a more or less sudden, entire or partial loss of consciousness, accompanied with loss of sensation and motion; the latter (sensation and motion) are sometimes still existing, but very feebly; the vital functions, circulation and respiration, continue, sometimes a little slower and more laboured; at others even with more vigour. In almost all cases apoplexy is preceded by precursory symptoms, which are, properly speaking, symptoms of general plethora, such as: dulness and heaviness of the head, derangement of the sensual functions, obscuration of sight as if through gauze, buzzing in the ears, hardness of hearing, indisposition to perform mental labour, great desire to sleep, the sleep being unrefreshing and disturbed by dreams; injected state of the eyes, increased redness and temperature of the scalp, throbbing of the carotids and temporal arteries, cold hands and feet, the extremities go to sleep, they feel numb, as if the patient were walking on velvet; the cerebral nerves feel irritated, with hard aching pain through the brain. The abdominal organs are frequently very torpid, the pulse is slow, full and intermittent, the patient has frequent nightmare, etc.

In sudden and total sanguineous apoplexy the brain feels as if torn, the cerebral functions cease suddenly, the patient falls down without consciousness or sensation, totally or partially paralyzed; stool and urine pass off involuntarily, the patient is comatose, breathing stertorous, slow, pulse hard, full and slow, the eyelids hang down as if paralyzed, the mouth is drawn to

the side not paralyzed, the eyes are staring and protruded, the pupils insensible and frequently dilated; speech is difficult or entirely lost, etc. In many cases the patient vomits, the face looks livid and turgescent.

If the cerebral functions cease totally or partially, in consequence of the pressure of the extravasated blood upon the brain, the symptoms of nervous apoplexy or paralysis of the brain make their appearance, resembling very closely those of a violent concussion of the brain; the patients, totally paralyzed, look pale as death, they seem to be in a deep swoon, their pulse is feeble and irregular, vomiting and nausea are present. In some cases, after this condition has existed for a couple of hours, the pulse becomes fuller, the face looks red, and all the other symptoms of hyperæmia make their appearance, precisely as after concussion of the brain.

In other cases the patients complain of a sudden violent headache, become pale and vomit; sometimes they are able to walk a few steps, the seated pain in the head and the vomiting continuing all the time; the face looks pale as after death, the pulse is soft, the patient is conscious but stupified; little by little the redness of the face and the stupor increase, the patient answers slowly and with difficulty; coma finally sets in, from which the patient cannot be roused. These cases are probably induced by the bursting of a cerebral vessel, and the gradual extravasation of blood in the brain.

In most cases partial paralysis remains; sometimes one side remains paralyzed (hemiplegia), in other cases an extremity, or the patient may remain paralyzed crosswise; in some cases one half of the face, or the tongue and larynx, remain paralyzed, without loss of consciousness.

Serous apoplexy is said to be characterized by paleness and bloatedness of the face, cachectic appearance, leucophlegmasia, gradual setting in of complete or partial paralysis, vomiting, fits of nausea; it is occasioned by debilitating causes, metastasis, suppression

of the secretions, cerebral diseases, terminating in serous effusions. Post mortem examinations have, however, shown that an extravasation of blood had taken place in supposed serous apoplexy, and a simple effusion of serum in apoplexy which was characterized by all the symptoms of an extravasation of blood, showing that, in practice, it is of scarcely any use to distinguish serous and sanguineous apoplexy. (Canstatt).

Gastric, bilious or abdominal apoplexy, is induced by constitutional predisposition, excesses, chagrin, over-eating, constipation ; it is characterized by a coated tongue, eructations, disposition to vomit, bilious vomiting, yellow tinge of the eyes and shrivelling of the skin ; the præcordial region is distended, sensitive, the patient sometimes grasps at these parts.

§ 179. *Causes.* Apoplexy is more frequent among old than young people, and likewise among males than females ; in many families it is hereditary. A constitutional predisposition for sanguineous apoplexy is indicated by a stout and short body, a disproportionately large head, a short and big neck, with the head set upon broad shoulders, corpulence, dark-red, livid countenance, distention of the frontal and temporal veins. This predisposition is increased by a plethoric constitution, piles, rich living, sedentary habits; it exists most frequently among literary men, and persons given to idleness and luxurious living.

External causes. Traumatic, dry and cold weather, excessive heat, stroke of the sun, sudden transition from cold to warm, and vice versa ; apoplexy is very apt to take place at the time of the spring equinox, or in consequence of the abuse of spirituous drinks, or of narcotic substances, scurvy, etc. It is occasioned by metastasis, sudden suppression of hæmorrhage, sweat on the feet, closing of ulcers, etc. It is likewise occasioned by tight cravats, which prevent the proper reflux of the blood from the brain, by tumours of the neck, goïtre, angina, impeded circulation of the blood in the lungs, occasioning a repletion of the cerebral vessels ; by asthma, whooping-cough, emphysema of the lungs,

or by organic affections of the heart and the large vessels, hypertrophy of the left heart, contraction of the aorta; or by disorganizations of the cerebral vessels.

Prognosis: Apoplexy is the more dangerous the more frequently the attacks occur; the danger is particularly great in the case of old people with an apoplectic habit. Apoplexy is more especially dangerous when the respiratory and circulatory apparatus is paralyzed, when the breathing becomes laboured, stertorous, slow, superficial, irregular; when the cheeks puff up and then collapse again at every expiration in consequence of a paralysis of the muscles of the cheeks and lips; when the pulse becomes slow, small, intermitting, and deglutition difficult; when the sphincters become relaxed and urine and fæces are passed involuntarily. Bad symptoms are: coldness of the extremities, clammy sweat on the upper parts of the body, continued or even increased paralysis; mechanical grasping of the patient, without consciousness, at one and the same spot of the head.

The homœopathic treatment of apoplexy is much more favourable than the allœopathic; even in cases which seemed almost hopeless, I have succeeded in effecting a cure. We know, from experience, that sanguineous and nervous apoplexy is much more easily cured than the nervous and serous varieties, which frequently leave important secondary diseases.

§ 180. In treating apoplexy, the exciting causes should, if possible, be removed, as the first step: tight dresses, for instance, should be taken off before any other treatment can be thought of. The patient is carried to a cool place, and everything that has a tendency to vitiate the air is removed from his presence. Head and trunk are raised. If the attack is owing to poison, this has, in the first place, to be antidoted, after which the other medicines required by the symptoms are administered. Strong coffee by the mouth and anus is the best antidote for opium, accompanied with friction. If the irritability of the muscular fibre should have been destroyed, if the body should already be icy-

cold and insensible, it will be advisable to cause the patient to smell repeatedly of a *saturated solution of camphor*, to rub the temples and knuckles with it, and to put the patient into a warm bath. After the restoration of the vital action, frequent small doses of *Ipecacuanha* may be given. If Belladonna should have occasioned the apoplexy, strong coffee should likewise be given to restore the lost irritability, after which *Opium* and *Hyoscyamus* will complete the cure. For the after diseases, slight electric shocks, *Mercurius vivus*, and other remedies, will prove useful.

The Hyoscyamus apoplexy is best antidoted by smelling of a *saturated solution of Camphor*. The spasmodic effects of spirituous drinks are removed by *Nux vom.* *Arnica*, internally and externally, is indispensable in apoplexy depending upon mechanical injuries. A surgical operation may likewise be necessary in this case.

In most cases we are undoubtedly called upon to treat nervous apoplexy, since sanguineous apoplexy generally depends upon nervous debility, or some other nervous affection, except when it is occasioned by organic diseases of the circulatory or respiratory organs. The symptoms of plethora are generally only apparent, or the causes which we suppose brought on the attack, are too transitory to effect that result.

The best medicines for the precursory symptoms, or even for the incipient stage of apoplexy, especially in the gastric variety, are *Aconite*, *Nux vom.*, *Coffea*, *Bellad.*, *Ipecac.*, *Arn.*, *Bryon.*, *Ignat.*, *etc.* *Aconite*, *Nux v.*, *Ipec.*, *Coff.*, *Bellad.* and *Merc.* are the best medicines for the precursory symptoms of sanguineous apoplexy. It is impossible to say which of those remedies should be given first, as the symptoms differ in almost every attack. I will report a case from my own practice, to illustrate my own mode of selecting a remedy for such a disease.

The patient was a short, feeble, emaciated female of 80 years. For some time past she had been suffering with œdema of the lower extremities, and had been confined to her bed for about a week, during which

time the swelling had reached the pit of the stomach. The animal functions remained pretty regular, until one evening, at supper, the arms suddenly sank, the head inclined forward, the mouth was drawn to one side, and speech became extinct. The patient was sitting in her bed, with the head bent forward, the breathing was short, rattling, skin cold, pulse small, feeble, scarcely perceptible; the secretions were suppressed; she seemed to be very little conscious or sensible, for, on being spoken to, she remained perfectly silent, and listless; all the functions of irritability, sensibility and reproduction seemed to be quite low. She did not desire anything, nor did she refuse anything, but she was unable to swallow; if some liquid was poured into her mouth it flowed out again at the corners. I gave her a few pellets of *Belladonna*, 30. This seems to be the principal remedy, shortly after an attack characterized by speechlessness, loss of motion and sensation, diminution of the sensual functions, stupor, paralysis, convulsive movements of single muscles, or extremities, dysphagia, flow of saliva from the mouth. On the following morning she was able to swallow some liquid, and she continued to improve until the fourth day. All the symptoms decreased except the œdema, and the general paralysis. On the fourth day a violent orgasm of the circulation supervened, with a full, quick pulse, and a general restlessness. I gave a few doses of *Aconite*, which quieted the circulation, but left shortness of breathing and rattling, aggravated by motion. *Chamomilla* was given without success, but *Arsenic* seemed to relieve her very much. The patient had now been sick a fortnight. She was able to raise her head, and to utter a few sounds, without articulating. The breast seemed to be free; the patient was able to take some more substantial food, stool and sleep were regular; she passed, however, less urine than before, and the œdema and paralysis of the lower extremities and right arm seemed to have increased, rather than otherwise. The swelling yielded to *Helleborus niger*, followed in six days by *Ferrum*, and then, in four days,

China. For the remaining paralysis I first gave *Stannum*, and a fortnight afterwards, *Causticum*, highest potency. A fortnight after taking this medicine, the patient was able to walk across the room by means of a cane, and to articulate a few words. She remained the same for about four or five weeks. *Stannum* was now given. This seemed to strengthen her lower extremities, and to enable her to utter a few coherent words. *Baryta carbonica*, 30, two pellets, did more good than any of the above-mentioned remedies. The improvement was particularly visible in her speech. Baryta seems to be the principal remedy in paralysis of old people, particularly when remaining after an apoplectic fit.

Other remedies for apoplexy are: *Ipecacuanha* in frequent small doses, particularly when the patient moans a good deal, and the breathing is very short and deep. It is an excellent remedy for sanguineous apoplexy, but may likewise be of service in gastric and serous apoplexy. In the two latter kinds, *Nux vom.* and *Digitalis* are principal remedies. *Carbo veg.* has been found very useful in sanguineous apoplexy.

Aconite is a remedy for every variety of apoplexy, particularly, however, when plethora and an excited circulation are striking phenomena, or when the nervous system is very much irritated.

A few doses of *Coffea* may be given when the patient is very sensitive, and, after return of consciousness, complains a good deal of intolerable pain.

The principal remedies for nervous apoplexy are: *Belladonna*, *Arnica*, *Coffea*, *Hyoscyamus*, *Stramonium*, *Iodium*, etc.; for sanguineous apoplexy: *Aconite*, *Ipec.*, *Nux vom.*, *Bellad.*, *Mercur.*, *Lauroc.*, *Opium*, etc.; for gastric apoplexy: *Nux v.*, *Bryon.*, *Ignat.*, *Ipec.*, *Ant. cr.*, *Tart. emet.*, *Puls.*, etc.; for serous apoplexy: *Arn.*, *Ipec.*, *Merc.*, *Opium*, etc.

Belladonna is useful in almost every form of apoplexy, except, perhaps, the gastric variety. It antidotes the apoplectic effects of *Merc.*, *Opium*, *Valerian*, *Sec. corn.*, and other substances. It deserves attention

when congestion of the chest and head is present. It is indicated by redness and congestion of the conjunctiva, by glistening eyes, dilated pupils, muscæ volitantes, diplopia, restlessness and tremour of the extremities, indisposition to move, lethargy, excessive nervousness and sensibility, sopor, stertorous breathing, jumping out of bed from anxiety, tendency to start, fearful, peevish, whining mood, insensibility, loss of consciousness, illusions of the senses and fancy, dulness of the head, vertigo, heaviness of the head, aching pain in the forehead as if the head would burst open, drawing, tearing and heat in the head, etc.

The symptoms of *Aconite* have been so frequently mentioned in this work, that it seems superfluous to reiterate them here.

Coffea is suitable for apoplexy of nervous individuals, caused by violent emotions. In sanguineous apoplexy it acts as a palliative, and requires to be succeeded very shortly by some other remedy of a more lasting effect. Its principal sphere is the nervous variety, in individuals affected with the following symptoms, in their healthy state: great nervousness, sad and whining mood, sleeplessness from excessive bodily and mental excitement, frequent flushes of heat in the face, dizziness and heaviness of the head, anxious restlessness in the whole body, tightness of the head with pain as if bruised, sensitiveness of hearing.

Opium corresponds to the symptoms which characterize the apoplexy of drunkards. It is a valuable medicine in apoplexy, for this reason: that the reactive power of the organism frequently sinks to such an extent, that the proper remedy cannot act upon the disease, on account of this apparent extinction of irritability. A single dose of *Opium* is frequently sufficient to restore the reactive power of the organism. It is indicated by the following symptoms: stupor, coma, with stertorous breathing and depressed lower jaw, the patient is roused with difficulty; on waking, he looks about senseless, and is unable to answer a single question; red, bloated face, moaning, constant mo-

tion of the lips as if to talk; full, slow pulse, with oppressed, anxious breathing, and frequent breaking out of copious sweat, which is cold in the face; on trying to raise the head, it falls back again immediately; the temporal arteries throb visibly. All these are symptoms of sanguineous apoplexy, and it would seem as though *Opium* must be indicated by them. This is, however, not the case: for the same symptoms make their appearance, if the cerebral irritation and the pressure on the brain last a sufficient length of time; in this way the physician is frequently led into error.

Laurocerasus is useful in apoplexy when the patient falls down suddenly without any precursory symptoms. It is a species of intoxication, as is sometimes observed after taking large doses of prussic acid. If a cure be possible in such a case, a few doses of *Laurocerasus* are frequently sufficient to restore the vital action. The improvement is indicated by a deep sleep, with stertorous breathing. The medicine has to be continued until the patient seems to slumber quietly. On waking from this slumber, the patient is sometimes not quite conscious of himself.

Hyoscyamus. The patient falls down suddenly, with a violent shriek, convulsive motions, followed by stertorous breathing. This attack is frequently characterized by precursory symptoms: languor and lassitude all over, transitory loss of consciousness, frequent disposition to sleep, which, if the patient should yield to it, ends in a continuous deep sleep, from which the patient frequently starts as if in affright; during this sleep the pulse becomes remarkably small and feeble, and the whole body is covered with a profuse and cool sweat. The patient complains of frequent attacks of violent vertigo, as if he would fall down, illusions of sight, concussive jerks in the brain; the patient's features are distorted; his face looks livid, and he has a sad and peevish mood.

Stramonium corresponds rather to the precursory stage, and to the after symptoms, which I do not deem it necessary to describe in this place.

Arnica is useful in apoplexy from mechanical injuries. It is now employed by even the most celebrated allœopathic surgeons for injuries of the head, without any one acknowledging his indebtedness to Hahnemann for this valuable medicine. *Arnica* corresponds principally to serous and sanguineous apoplexy, even if not of a traumatic nature. Persons with a sanguine temperament, red face, plethoric, and liable to flushes of heat, are more particularly benefited by Arnica.

The principal remedy for gastric apoplexy is *Ipecacuanha*, particularly when the stomach had been overloaded with pork and fat pastry, and the patient had indulged in nightly revelry. Precursory symptoms are: restless sleep, disturbed by frequent starting, irritable mood, ineffectual urging to vomit, and other gastric symptoms. After *Ipecac.*, *Pulsatilla*, *Nux vom.*, *Ignat.*, and the antimonial preparations are frequently indicated. The various forms of apoplexy being related to each other, *Ipec.* may therefore be employed in any of them.

Merc. sol. corresponds to every form of apoplexy. The excessive use of coffee and wine produces, besides many ailments which yield to *Nux v.*, *Arsen.*, etc. a variety of symptoms, very much resembling those of apoplexy; particularly congestions of the head, characterized by a distensive pain in the head, as if the head would be pressed open, or as if it would burst, accompanied with orgasmus, sanguinis, and throbbing, a condition which is frequently observed in plethoric persons; constant uneasiness and heaviness of the limbs, languor and lassitude, even from the least exertion; turgor of the vessels of the eye, with sudden and frequently recurring paroxysms of loss of sight, or blackness of sight with vertigo, obliging one to lie down; buzzing in the ears. *Belladonna* may be given before *Mercury*.

Plumbum acet. or *metallicum* seems to be an excellent remedy in apoplexy. I would recommend, however, to give first a dose of *Opium*, *Bellad.*, *Hyoscyamus*, or some other remedy, before administering *Plum-*

bum. This remedy corresponds to the following precursory symptoms: languor, lassitude and drowsiness, indolence, frequent attacks of loss of consciousness, feeble and slow pulse; at other times, a throbbing is perceived in the whole body, particularly in the neck and abdomen, with heat in the face, sensitiveness of the organs of sense, vertigo, dulness of the head.

Veratrum corresponds to coldness of the whole body sudden prostration and collapse of the body, distorted and protruded eyes, as in suffocated individuals, constant flow of saliva, loss of consciousness, disfigured and cold countenance, as of dead persons, flabby muscles, locked jaws, imperceptible breathing. Formerly I employed large quantities of *Coffea* by the mouth and anus, for such symptoms, and frequently succeeded in curing the patient; but I think *Veratrum* would have been more suitable. If these symptoms should have been produced by poisoning with veratrum, warm coffee, by the mouth and anus, would be the best antidote.

Iodium would prove the best remedy for orgasm of the blood, violent pulsations in the whole body, particularly in the larger vessels, disposition to hæmorrhage from various organs, quick, strong and full pulse, anguish and oppression, great nervousness, and phlegmatic temperament, etc.

The various forms of paralysis which sometimes remain after apoplexy, will be treated of in the following chapter.

In using the above mentioned remedies, it is perfectly proper to resort to mesmerism, for the purpose of calming the patient; local distress may sometimes be removed by laying on the hands, or by touching the place with the tips of one's fingers, supporting the mesmeric action by a strong and pure will.

§ 181. *Paralysis.*

Paralysis consists in a cessation or diminution of the two fundamental functions of the nervous system, sensation and motion, or of either of them. Paralysis may

be caused by real debility, or by some other external cause suppressing the nervous action, such as: fulness of the vessels, extravasation, foreign bodies, tumours, dislocation, ligatures; spasmodic affections may likewise lead to paralysis. Paralysis may alternate with spasms, or be accompanied with spasms and pain. It may proceed both from the peripheral and the central nervous system.

What apoplexy is to the brain, paralysis is to single branches of the nervous system. In paralysis the cerebral functions remain, in themselves, undisturbed. It is easy to diagnose paralysis of an external organ. Paralysis of internal organs is inferred from the complete inability of the organ to perform its functions. Paralysis cannot take place suddenly, except during the incipient stage of apoplexy. Paralysis which sets in gradually, is preceded by precursory symptoms, such as: spasms, convulsions, pains in the affected parts; frequent precursory symptoms are: creeping and tingling sensation, formication, going to sleep of the part, numbness, weakness and coldness, or sensation as if drops of cold water were flowing through the diseased part.

The setting-in of paralysis is characterized by a complete loss of motion and sensation (complete paralysis); or one only of the nervous functions, most frequently motion, is lost, (incomplete paralysis, paresis). Paralysis of one side of the body is called hemiplegia. In paraplegia the upper or lower, most frequently the lower extremities, are paralyzed. In transverse or cross-paralysis, one upper, and the opposite lower extremity, are paralyzed. Beside the above-mentioned precursory symptoms, which continue during the attack, we may mention a slow, feeble, small, soft pulse, discoloration of the affected part, diminution of animal heat, want of nutrition, gradual emaciation, tabes, or œdema.

Universal paralysis frequently sets in in apoplexy, and many other diseases, shortly before death. Partial paralysis derives its particular name from the or-

gan which is the seat of the disease. Hemiplegia, for instance, is characterized by a sunken countenance on the side affected, by stuttering speech, deafness and blindness on one side, oppression and heaviness in the chest on the affected side, constant rattling.

Paraplegia of the lower extremities is frequently accompanied with involuntary stool and discharges of urine, less frequently with the contrary condition.

Blepharoplegia, or paralysis of the eyelids, is either a paralysis of the upper eyelid (blepharoptosis), in which case the upper eyelid hangs down over the eye, and the patient is unable to raise it without assistance; or else the eye remains uncovered all the time, (lagophthalmus, oculus leporinus); the consequences of this par alysis are constant lachrymation, photophobia, frequent ophthalmia, occasioned by dust getting into the eyes.

Glossoplegia (paralysis of the tongue) is frequently a symptom and consequence of apoplexy, characterized by stuttering, inarticulate sounds, difficulty of moving the tongue, inability to chew, involuntary flow from the mouth of the saliva, and of the liquid which is introduced into the mouth.

Dysphagia paralytica (paralysis of the pharynx) frequently accompanies the former paralysis. The patient is unable to swallow, principally liquids; in attempting it, he is frequently exposed to the danger of suffocation.

Enuresis paralytica, and paralysis ani, have been mentioned under paraplegia.

§ 182. Post-mortem examinations do not reveal any great changes in the structure of the nerves; they very rarely appear decayed, dissolved or desiccated; in the neighbourhood of the nerves, various disorganizations, such as swollen and indurated glands, steatomata, indurations, scirrhus, etc., are frequently discovered.

Etiology. What has been said of the predisposition for apoplexy, that is likewise applicable to paralysis. Exciting causes are: strong emotions and passions, continuous violent pains, convulsions, nervous fevers,

poisoning by narcotic substances, lightning, disorganizations and injuries of the brain, spine and spinal marrow, dislocations, curvatures, ruptures and caries of the vertebral column, contusion, tearing and compression of single nerves by a ligature, or by some other mechanical cause, such as hard bodies situated in the neighbourhood of the nerve, suppression of exanthems, arthritis, rheuma, hysteria, pregnancy, gastric causes, worms.

Prognosis. This depends upon the exciting cause, and the facility of removing it. It is very unfavourable when the disease is caused by organic diseases of the brain and nerves; more favourable, on the contrary, when succeeding typhus or dysentery. It likewise depends upon the importance of the paralyzed organ; upon the duration of the malady; upon the constitution and age of the patient; upon the intensity and extent of the disease.

§ 183. The remedies which have been proposed for apoplexy, are likewise useful in the treatment of paralysis. I shall therefore omit repeating them here in detail, and shall confine myself to those remedies which were not mentioned in the chapter on apoplexy.

The success of the treatment depends a good deal upon the exciting cause, which the homœopathic physician should therefore endeavour to find out, particularly in recent cases, where the disease was caused, for instance, by the abuse of narcotic substances. For as long as they remain in the stomach or intestinal canal, they ought, in the first place, to be removed by vomiting, or an artificial evacuation. This end is most speedily and safely attained by large quantities of *coffee*, taken by the mouth and anus: the fauces may, at the same time, be tickled with a feather. Coffee antidotes a great many narcotic substances. If some of the effects of the narcotic poison should still remain, *Camphor* should be given as the next best antidote, the doses to be repeated at short intervals. I propose Camphor in case no more specific antidote should be indicated.

A paralysis which is occasioned by the inhalation of mercurial vapours* and is accompanied with tremour of the paralyzed part, is best met by *Stramonium*, which requires to be repeated very frequently during the treatment. Next to Stramonium we have *Hep. sulph.*, *Sulph.*, *Nitr. ac.*, *Argent.*, *Cicut.*, *China* and *Staphys.* These remedies are generally sufficient to effect a cure. Other remedies may, however, be necessary.

Paralysis occasioned by the inhalation of the vapours of Arsenic, has likewise to be first treated with the antidotes of that poison. This kind of paralysis is accompanied with occasional paroxysms resembling fever and ague, which occur principally at night, and are very often accompanied with general prostration. The first remedy for that paralysis is *China*, to be repeated at suitable intervals. Next to China we have *Veratrum*, which is even preferable when the frequent paroxysms of debility and the general and sudden prostrations are exceedingly troublesome. *China and Verat.* are likewise suitable when the above symptoms are not present. In this case *Ipecac.* may perhaps deserve a preference ; *Ferrum*, *Nux v.*, *Sambuc.*, *Graphit.* and *Hepar.* are likewise useful remedies.

If paralysis should have been occasioned by any other causes than the above named, the physician will have to prescribe in accordance with the symptoms. I will offer a few more observations about several remedies.

Rhus tox. It is well known that this remedy is one of our most valuable medicines for paralysis ; but it is perhaps less well known that Rhus is the best remedy for paralysis caused by nervous fevers and typhus.

Stannum is the principal remedy for paralysis of one side, particularly the left, if the patient complain of a heavy weight in the arm and side of the chest, and suffer with night-sweats. This remedy may have to be succeeded by others, if the paralysis should not entirely disappear under its influence ; afterwards it

* As occurs frequently among looking-glass makers.

may occasionally be resorted to again during the treatment.

Causticum, when the affected part trembles on rising from one's seat, the trembling ceasing again on sitting down.

Cicuta is likewise indicated by those symptoms, particularly when the lower extremities are periodically attacked with paroxysms of crampy pains, leaving a trembling behind.

Oleander is recommended for painless paralysis.

In paralysis arising from suppressed discharges of blood, the action of the proper remedies should be supported by foot-baths of salt and ashes, tepid sitz-baths, warm oat-meal, or flaxseed-poultices to the soles of the feet.

Paralysis occasioned by the suppression of habitual sweat on the feet by exposing them to humidity, is best met by *Rhus t.*, *Colch.*, *Mercur.*, *Zinc.*; *Nux v.*, *Dulc.*, *Bryon.*, are the best remedies for paralysis arising from a general cold. Paralysis arising from external injuries yields to *Arnica*, *Calendula*, *Cicut.*, *Con.*, *Plat.*

§ 184. In this paragraph I will endeavour to describe the symptoms of various particular forms of paralysis which have yielded to specific remedies.

Rhus t. has been successfully administered for paralysis of the lower extremities characterized by a sensation of numbness and insensibility. This remedy is likewise indicated by cramp and a sensation as if single tendons were shortened, symptoms which evidently depend upon a diminution of the nervous action; likewise by a sensation as if bruised and sprained, on one side; by a distressing uneasiness wandering about in single limbs during rest, and relieved only on increased motion. This distress leaves a kind of lameness in the part, increasing with that distress, and distinctly pointing to ultimate paralysis. The principal symptoms of *Rhus* are: lameness in all the extremities and joints, with stiffness, worse on rising

after having been seated a long time; paralysis of one side or of the lower extremities, with dragging, slow, difficult walking. *Rhus t.* is therefore an excellent remedy for hemiplegia and paraplegia, for enuresis paralytica, and paralysis of the rectum, provided the other symptoms correspond, and, in such a case, likewise for blepharoplegia and dysphagia paralytica.

I have cured, with *Cocculus*, several cases of paralysis of the lower extremities, proceeding from the small of the back, and arising from cold. Some of the patients complained of great itching of the skin at night, with small red pimples on the skin in the day-time; most of the patients had œdomatous feet and an irritable nervous system. *Cocculus* corresponds likewise to hemiplegia, particularly of the left side, with a sensation of coldness in the affected part; and to paralysis of the right upper and lower extremity, with numbness as if gone to sleep; also to dysphagia paralytica, provided the symptoms correspond.

Causticum has been rejected by a number of homœopathic physicians, who declare it a useless agent. I have used it successfully in partial paralysis occasioned by a cold current of air, and in hemiplegia from suppressed itch or some other cutaneous eruption, with numbness, deadness, and coldness of the affected part, especially the head and foot. It is a valuable remedy for paralysis remaining after apoplexy and characterized by weakness of the arms and a dragging, vacillating gait, sometimes accompanied with frequent rush of blood to the head and anxiety, also vertigo, dulness, and tightness of the head. I have used *Causticum* with success in paralysis of one side of the face from cold, extending from the forehead to the chin. I have never been able to cure paralysis of the tongue with stuttering, hissing, indistinct speech, with *Causticum* alone, but had always to resort to *Stramonium*, *Dulcam.*, and *Acid. mur.* It renders good service in enuresis paralytica.

Oleander. All I can say about this agent is, that it

has removed several cases of painless paralysis of the upper and lower extremities, with coldness of the former. The paralytic attack was preceded for a long time by frequent attacks of violent vertigo.

Secale cornutum. It is well known that paroxysms of cramps, when frequently recurring in the same limb, leave lameness and even complete paralysis. *Secale* corresponds to this condition. If the lower extremities are attacked, stool and urine are frequently passed involuntarily, and the paralyzed limbs emaciate rapidly.

Cuprum is useful for paralysis remaining after an attack of Asiatic cholera, nervous or typhus-fever, or apoplexy, particularly when the following symptoms are present: sensation as if the blood were rushing to the chest, accompanied, when lasting a long time, with violent palpitation of the heart, and with a slow, feeble, and small pulse: the eyelids close frequently and twitch; on opening the lids, the eyeballs seem to wander, as is observed soon after the removal of apoplexy; the faculty to open the eyes returns after the return of consciousness.

Plumbum corresponds to paralysis remaining after apoplexy, and very particularly to paralysis characterized by loss of sensation, and great and sudden emaciation of the paralyzed part; also to paralysis of the arms, with pain, dryness and death-like paleness of the skin, which is constantly cold; also to hemiplegia and to periodical paroxysms of paralysis.

Zincum. I have employed it empirically in paralysis of single parts, hemiplegia, paralysis of the lower limbs, feet, upper eyelids.

Stannum. This remedy is valuable only in cases of paralysis complicated with psora. I have used it successfully in paralysis of the left arm and foot caused by fright. It is useful only in paralysis of single extremities.

Kali carbonicum is useful when the paralysis came on gradually and was caused by taking cold without the patient knowing it, particularly when the pa-

tient's skin inclines to perspiration, though he complains of dryness. I used this remedy in the case of a patient who had complained for a long time previous of frequent paroxysms of vertigo in the open air, accompanied with a tottering gait as if intoxicated, which, afterwards, lasted much longer than the attack of vertigo, and finally terminated in complete paralysis of the lower limbs; two or three years after, the upper limbs became likewise paralyzed. In this case I employed *Kali*, but without success, nor was the patient cured by other remedies.*

Natrum muriaticum corresponds to paralysis caused by sexual debauchery and onanism, and proceeding from the cauda equina; also to paralysis caused by violent passion, anger or chagrin. This agent is valuable for nocturnal pains which, though depending upon some apparently insignificant cutaneous irritation, arrest the free use of the affected part leading to momentary paralysis and even hemiplegia, which becomes permanent after several paroxysms, and occasions involuntary discharges of stool and urine. The symptoms of Natrum pointing to paralysis, are: sensation as if the extremities would go to sleep; stiffness and cracking in the joints; shortening of tendons; indolence, indisposition to work; languor; incipient amaurosis; lameness of the small of the back, with tightness and sensation as if bruised; lameness and heaviness of the extremities, with numbness and deadness.

Sulphur corresponds to paralysis of the lower extremities, and to paralysis arising from suppressed eruptions. Sometimes we are unable to ascertain the cause of paralysis; in this case we may commence the treatment with *Sulphur*, which frequently reproduces old pains that the patient had forgot, and will prove of essential service to the practitioner in the

* Did Dr. Hartmann make use of *Aconite*, not one or two doses, but systematically for weeks? How strange it is that *Aconite*, which is the sovereign remedy for almost every species of paralysis, should be so little used by physicians!—*Hempel.*

selection of adequate remedies. It may be occasionally repeated during the treatment for the purpose of restoring the susceptibility of the organism to other agents.

Strontian is said to have been successfully used in paralysis of the lower limbs and right side.

Argilla has been found useful in paralysis of the arm and hand.

Anacardium has rendered some service in paralysis of the lower limbs remaining after apoplexy.

Baryta carbonica is one of the most valuable remedies for paralysis after apoplexy, and particularly for paralysis of old people, preceded for a long time by a feeling of instability in the whole body, sudden giving way of the knees and pain in the lumbar-vertebræ. Glossoplegia can scarcely ever be cured without *Baryta*, which is considered a panacea for old people.

Dulcamara, alternated with *Sulphur*, is an excellent remedy for paralysis arising from a cold, or from dampness, and from suppressed itch and terpes. It cures paralysis of the arm with icy coldness, as if occasioned by apoplexy; paralysis of the upper and lower extremities, tongue, urinary bladder.

Colchicum autumnale corresponds to paralysis from exposure to wet, or from sudden suppression of the perspiration on the skin, or of habitual foot-sweat. The Colchicum-symptoms pointing to paralysis, are: drawing-jerking, stitching-tearing pains in single muscles and in the periosteum, with lameness or paralysis; painful lameness of the knee-joints, with sudden prostration, &c.

All the remedies recommended for apoplexy, may likewise prove useful in paralysis, beside the following: *Phosphorus*, *Verat.*, *Staphys.*, *Silic.*, *Sep.*, *Carb. veg.*, *Angust.*, *Arsen.*

Guaco proved useful in two cases of paralysis of the lower extremities from cold.

For incontinence of urine we may use: *Magnes. aust.*, *Bellad.*, *Acon.*, *Dulc.*, *Lauroc.*, *Canth.*, *Stann.*,

Lycop., *Magnes. carb.*, *Natrum mur.*;*—for paralysis of the feet: *Sulph.*, *Nux vom.*, *Zinc.*, *Cocculus*, *Therm. Tepliz*;—for paralysis of the eyelids: *Stramon.*, *Chamom.*, *Spigel.*, *Verat.*, *Bellad.*, *Sepia*, *Zinc.*;—for paralysis of diseased parts: *Plumb.*, *Colch.*, *Natr. mur.*; —for paralysis of the tongue: *Stramon.*, *Dulcam.*, *Opium*, *Acid. mur.*, *Baryt. carb.*

EIGHTEENTH CLASS.

§ 185. *Neuralgic affections.*

They are affections of the sensitive sphere. The old physicians called them spasmodic affections. Their physiological character is made up of the following facts:

1. They are seated in the peripheral system of nerves; we have cerebral, spinal and ganglionic neuralgiæ. 2. Every neuralgia consists of a series of paroxysms of different durations, separated by irregular intervals of ease. 3. The pain varies: it is tearing, stitching, burning, etc. In neuralgiæ of the central nerves the pain is directed from within, outwards; in those of the ganglionic nerves it runs from the periphery towards the centre. 4. The volume of the affected organ decreases. 5. The temperature of the organ decreases. 6. Discoloration takes place, the affected part becomes paler. The urine becomes paler, losing its characteristic pigment. Another characteristic phenomenon is the spastic pulse; the artery becomes

* Also *Sulphur*. I used it in the case of a boy, who had to urinate every half hour during the day, and wetted his bed every night; he had to sleep on a hard board and in a sitting posture; on urinating, the urethra swelled up to a bag of the size of a walnut, blue-coloured; before the bag appeared, the urine seemed to be arrested in its course by a valve, which caused great pain. The patient had been treated allœopathically for months, getting worse all the time. After the first dose of *Sulphur* 1st., the patient ceased to wet his bed; the whole cure was completed by means of eight doses of Sulphur. The patient has been perfectly well for more than a year past.—*Hempel.*

thinner, and contracted, in proportion as the volume of the affected part decreases; the current of blood is much smaller, it rushes along with much less force, though not always with less rapidity.

Etiology: Prosopalgia is more frequent among people of a certain age, than previous to pubescence: abdominal spasms appear at every age, but of different forms. Females are more liable to neuralgia than males. One attack predisposes for other similar attacks, and other forms of neuralgia.

The principal causes of neuralgia are: change of temperature, sudden transition from warmth to cold, causing a rheumatic or inflammatory affection, which, though apparently not neuralgic, yet shows a remarkable tendency to periodicity; irritation of the nerve by some mechanical cause, a foreign body, ball, splinter, exostosis, etc.; calcined metals, lead, copper, etc.

The violence of the attack seems to depend in some measure upon the time of day, or the period of the year, when it takes place.

Prognosis. Neuralgic affections are not always very dangerous, though they require a proper appreciation on the part of the practitioner. If an important vital organ should be affected, the prognosis is much less dangerous than in the opposite case: acute neuralgiæ are more dangerous, though also more curable, than chronic; the most dangerous neuralgiæ are those that depend upon internal irritating causes, which cannot be removed; those that depend upon atmospheric causes, are much more easily cured; neuralgiæ complicated with other pathological states, are not so easily cured; recent neuralgiæ are much more easily cured than neuralgiæ of long duration, where symptoms of paralysis have already supervened; the more violent and frequent the paroxysms, the more unfavourable the prognosis (Schœnlein).

Before describing the treatment of neuralgic affections, it may be proper to speak more in detail of the causes which occasion the attack, and of the diet to be pursued during the treatment. Neuralgiæ are very

frequently incidental to particular seasons, appear at a time when epidemic fevers generally prevail, and therefore require to be guarded against in the same manner as the fevers, such as: avoiding to take cold, to be wet through, to lie on the cold floor, or to expose the bare body, or single parts only, to the cold night air; or to drink much cold, bad or marshy water, or to eat sour fruit containing a good deal of water. Simple, easily digested food, is the best nourishment.

Some attacks yield to dietetic measures. Neuralgiæ, depending upon a mechanical cause, demand surgical aid, though *Arnica*, *Calendula*, *Conium*, *Platina*, *Dulcam.*, *Ruta*, etc., may likewise be employed. If caused by a cold, or by getting wet through, etc., the attack is sometimes arrested in its incipiency by the use of *Dulcamara*, *Colchicum*, *Rhus t.*, *Chamom.*, *Colocynt.*, *Ignat.*, etc. If caused by some gastric derangement, the proper remedies will be found in the paragraph on gastroataxia; likewise, the remedies for fright, (especially *Sec. corn.*, *Stram.*,) chagrin, fear, indignation. If the attack should have occurred frequently, and should come on again by simply touching the diseased part, the following remedies will remove it, and if properly and carefully administered, will frequently cure the whole disease: *China*, *Stram.*, *Arsen.*, *Coccul*, *Bellad.*, etc. If the affection is easily excited by touching an ulcer on the finger, *Cocculus* is the best remedy to remove the pain. If caused by swallowing a liquid, *Hyoscyamus*, *Bellad.*, *Stramon.*, *Canthar*, are the best remedies; if caused by noise, or tepid water, *Angustura* should be resorted to; if caused by moving or using the diseased part, try *Cocculus;* and if the glare of the light have excited the attack, give *Bellad.* or *Stramonium.* *Camphora* antidotes the neuralgic effects of the grains of Cocculus, and *Stramonium* those of the vapours of Mercury. Neuralgiæ, caused by worms, require *Ignat.*, *Marum. verum*, *Mercur.*, *Valeriana*, *Hyoscyam.*, *Cicuta*, etc.

CEREBRAL NEURALGIÆ.

§ 186. *Prosopalgia, dolor faciei Fothergilli, neuralgia facialis.*

The disease occurs in paroxysms, at irregular intervals; the attack is sometimes preceded by oppressive anxiety, itching or feeling of coldness in the part to be attacked, formication and trembling of the eyelids, tension in the palate and nose, numbness of the tongue, etc. At first the pain is inconsiderable, like a mere prick, or a common toothache, but gradually it becomes more violent and piercing; the pain is lancinating or tearing, dragging or pressing, beating, boring, frequently accompanied with a sensation as if the face would be cut or sawed to pieces. The pains either follow the course of the different branches of one side of the trigeminus (more frequently on the right than left side of the face), or exclusively one or the other branch of the nerve. If the pain be seated in the supraorbital branch, it generally commences at the foramen supraorbitale, shooting to the eyebrows, forehead, eyelids, and frequently, deep into the orbits; if the infraorbital branch should be the seat of the affection, the pain spreads over the cheek, upper lip, lower eyelid, radiating to the teeth, palate, and tongue. A neuralgia of the inframaxillary branch extends to the lips, alveolar processes, teeth, to the soft parts under the chin, and the side of the tongue. Frequently the pain seems to follow the ramifications of the pes anserinus, spreading even to the temporal region; least frequently the pain is seated in the lingual branch, and most frequently in the superior maxillary and frontal nerves.

Reflex phenomena, in the motor nerves, are scarcely ever wanting; for instance: the muscles of the affected side of the face twitch involuntarily, the eyebrows are knit, and the eyelids close spasmodically, the corner of the mouth is drawn towards the ear, and the spasm extends even to the respiratory muscles; the contractions exhibit the forms of oscillating movements,

or of clonic spasms, or they are tonic, and of the nature of trismus; the jaws are locked, as in tetanus, during the attack. The vasomotoric nervous fibres are likewise affected; this is to be inferred from the redness, puffiness, and sometimes from the paleness and blueness of the affected side of the face, during the paroxysms; sometimes the cheek becomes œdematous and collapses again afterwards; the arteries of the affected side pulsate more strongly, and the veins swell. If the ophthalmic branch be the seat of the affection, the conjunctiva becomes red, and a profuse lachrymation takes place during the paroxysm; in neuralgia of the maxillary branches, a more copious secretion of saliva takes place.

The attack ends either gradually or suddenly; the more violent the attack, the shorter its duration, sometimes only a few minutes, rarely longer than a quarter of an hour. The intervals between the paroxysms may last for hours, days, weeks, months, and even longer; during these intervals the pains generally cease entirely; but if the affection should have lasted for years, indications of pain are always present. At first the paroxysms are rare, but become more and more frequent the longer they last. Paroxysms occur very seldom at night, hence sleep remains generally undisturbed.

The affected nerves are sometimes so sensitive that the paroxysm is excited by the least emotion, contact, pressure, exposure to cold air, motion of the facial muscles by talking, chewing, yawning, sneezing, or even by merely thinking of the attack. Amusement sometimes keeps the paroxysm off for a time (*Cannstatt*).

Etiology: Prosopalgia is hereditary the same as any other species of neurosis. This affection is most frequent among females of the age of 40; it occurs rarely among younger persons, and never among children.*) Constitutional nervous irritation predis-

* This is a mistake. I have treated a girl of 10 years for prosopalgia; the paroxysms occurred at night, and were truly dreadful.—*Hempel.*

poses for neuralgia; this kind of irritation is met with among unmarried persons, or married persons without children, or it may be the consequence of chlorosis, hysteria, hypochondria, loss of animal fluids, frequent emotions, chagrin, grief, care, etc.

Local hurtful influences are: wounds, contusions, splinters, foreign bodies, abuse of washes and other substances for beautifying the face, ulcers and disorganizations, affections of the teeth and abdominal organs, metastasis, suppressed chronic eruptions, itch, herpes, suppression of habitual discharges of blood, arthritis, carcinomatous dyscrasia, psoric or syphilitic dyscrasia, etc.

The disease is not very dangerous, but the cure is generally very slow. It depends upon the age of the patient and upon the duration of the disease, upon the manner in which it originated; rheumatic and intermittent prosopalgia is more easily cured than gastric, and this more easily than impetiginous, arthritic and cachectic prosopalgia; prosopalgia occasioned by organic alterations of the nerves, brain, bones, is exceedingly doubtful; likewise when the attacks succeed each other very rapidly. The prognosis depends likewise upon the circumstances of the patient: tranquillity of mind, absence of care, a confident, quiet mood; intellectual amusements facilitate the cure very much.

§ 187. *Treatment.* The homœopathic treatment of prosopalgia, in order to be successful, has to be based upon an accurate knowledge of the physiological nature of the disease, and, if this knowledge cannot be obtained, then the treatment must be instituted in accordance with the symptoms.

For inflammatory prosopalgia (of the fifth nerve) *Aconite* is the best remedy; the pain is continuously throbbing and stitching, not only in the nerve, but also in the surrounding muscular parts. with swelling, alternate heat and chilliness, etc. Rheumatic prosopalgia with swelling, always requires *Aconite;* the pain is intolerable, burning, tingling-stitching, ap-

pearing in paroxysms, accompanied with great nervousness, as if occasioned by some internal ulcer. The medicine has to be repeated.

Belladonna is indicated in inflammatory and nervous prosopalgia by paroxysms of long duration, commencing with a troublesome itching and titillation in the affected part, which changes to a violent lancinating pain, or to an aching, crampy, tearing, drawing pain in the malar and nasal bones; the pain is always seated on one side; frequently the pain follows the course of the infra-orbital nerve, when it changes to an intolerable violent cutting pain; it is frequently accompanied with an increased secretion of tears and saliva. *Belladonna* is likewise useful for stitching and tensive pains, accompanied with a spasmodic closing of the jaws and painful stiffness of the neck.

One of the most valuable remedies for stitching pains with pressure, or for fine-beating pains in the right malar bone and right side of the nose, is *China*, particularly when the pain is aggravated by contact, or when the pain is excited by touching the diseased part and then increases to a frightful degree. The nervous and rheumatic neuralgic pains, the stitching pains in the malar bone which disappear by pressure, the tearing with pressure and the cutting burning in the upper jaw, belong to the curative sphere of *China.*

Veratrum is closely related to China; the pain is drawing and tensive, spreading over the right half of the face as if the parts would be compressed or pressed into, recurring in paroxysms; the patient is slightly delirious, and the part swells after the cessation of the paroxysm.

Arsenic did me good service when the pain, only on one side, was seated around the eyes, more below than above, sometimes extending over the temporal region; the pain was burning or drawing-stitching, as from a multitude of red-hot needles; the whole face assumed an expression approaching to the hippocratic countenance, disappearing with the attack. *Arsenic*

is likewise useful for intermittent prosopalgia, characterized by a violent stitching pain deep in the right eye, aggravated by motion; also for prosopalgia commencing with a tearing-darting pain in the teeth which rouses the patient from sleep before midnight, extending to the right temple and right side of the face and driving the patient to despair; the pain abates in a few hours and sometimes only towards morning.

I have used *Capsicum* when the patient was unable to state whether the pain was seated in the bones, muscles, or nerves, or in all these parts together; the pains were excited by contact, they were fine pains penetrating the nerves, or a tearing-burning stitching in the right malar bone; the pains were particularly acute on going to sleep, and were aggravated by contact.

I have frequently cured prosopalgia with *verbascum*, 1st att., when all other remedies failed. The pain is an intensely painful aching, sometimes interrupted by a violent stitching.

Digitalis purpurea is indicated by a crampy, or laming-drawing pain in the malar bone, preceded by a corrosive itching of the cheek; the crampy pain is characteristic.

Mezereum is indicated by a crampy, stupifying pressure in the malar bone, spreading over the neighbouring parts and frequently terminating in tearing. The attacks are almost always accompanied by chilliness and shuddering.

Staphysagria was found useful in a case of 15 years' standing; flashing stitches darted through the affected side of the face, leaving behind a dull aching pain. The nightly sleep became quite good. It is absolutely necessary to repeat the dose, and to alternate with some other remedy.

Aurum is suitable for a syphilitic dyscrasia; the senses are morbidly sensitive; the patient dreads the pain, and excites it by merely thinking of it. The pain

is tearing and stitching, in the soft parts and the malar bones; it is sometimes accompanied with tension.

Spigelia is a valuable remedy for intermittent and nervous prosopalgia, and for prosopalgia seated deep in the orbits, imparting to the eyeball a sensation as if it were too large; this sensation is especially felt during a motion of the eyeball and the facial muscles, and is accompanied with an intensely painful pressure and a digging-stitching in the ball. The prosopalgia, properly so-called, is characterized by pressure and burning, particularly in the malar bones; the pain does not bear the least motion or contact, is always felt on one side only, and is accompanied with anguish about the heart and great uneasiness.

Stannum is indicated by aching-drawing pains in the malar bone and along the orbital margin of the right eye; they commence very slight, increase and decrease again gradually, disappear during walking, but re-appear again during rest if the paroxysm should not yet have run its natural course. An aching-gnawing or cutting pain on the left side is almost always accompanied with swelling of the cheek.

Hepar sulphuris is useful for a drawing-tearing pain extending from the cheeks to the ears and temples, aggravated by contact, caused by former severe affections, in cachectic individuals.

Colocynth removes prosopalgia caused by internal mortification and chagrin; the pain is tearing and tensive, or burning and stitching, in the left side of the face, with swelling, redness and heat of the cheek.*

Conium is valuable for a flashing-tearing pain in the right half of the face, recurring every two to five minutes; or for a stitching pain in the right cheek, in front of the ear, sometimes accompanied with tearing. These pains are sometimes preceded by a corrosive itching on the part to be attacked.

Kali carbonicum corresponds to a drawing-tearing, the drawing being sometimes accompanied with pres-

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* See the valuable clinical remarks in Hempel's Jahr.

sure in the cheek; the tearing, almost always seated in the left malar bone, generally appears at night, is accompanied with swelling of the cheek, sleeplessness, and extorts tears from the patient.

Thuja is suitable for females at the critical age, and corresponds to crampy pains in the right cheek during rest; darting and stitching pains in the malar muscles, only while walking in the open air; boring pain in left malar bone diminished by contact, or digging and jerking pains; gnawing and boring pain in the left upper jaw, or tearing pain striking in the direction of the eye; all these pains leave behind them a stiffness in the muscles of deglutition and a pain in the articulation of the jaws.

Beside the above-mentioned remedies, we may mention *Arnica*, *Ferrum*, *Nux v. Bryon.*, *Ruta*, *Phosphor.*, *Sepia*, *Lycop.*, *Ledum*, *Clematis*, *Baryt. carb.*, *Calc.*, and above all, *Sulphur* and *Causticum.*

§ 188. I take the liberty of here offering a few remarks on

CANCER OF THE FACE, LIPS, CHEEKS, NOSE AND TONGUE.

Generally it is the lower lip that is attacked, whence the disease spreads; but it may likewise first break out in any other of the above-mentioned parts, and thence extends farther. It develops itself out of a scurfy or ulcerated spot, which gradually spreads and gives rise to fungous excrescences, etc.; or a portion of the lip becomes hard and swollen, assuming an ill-shapen form, which enlarges, pains violently, and breaks. The cancer gradually involves the skin of the chin, the mucous membrane of the mouth, the gums and submaxillary glands, destroying the whole lip and the bones. Ulcers of the lips frequently become malignant without being cancerous, especially syphilitic ulcers.

Cancer of the tongue generally commences with a hard, circumscribed swelling on one or the other side

of the tongue ; lancinating pains are experienced ; the swelling breaks, spreading rapidly. Ulcers in the spongy tissue of the tongue frequently become obstinate, or are rendered obstinate by being constantly moistened with saliva, or irritated by pointed and decayed teeth.—The papillæ frequently become hypertrophied, forming spongy excrescences.—Syphilitic ulcers of the tongue frequently degenerate to cancerous ulcers.

Every cancer, including cancer of the tongue, depends upon a peculiar, specific disposition of the organism, which may be hereditary. Cancer may be caused by a blow or contusion ; by treating an ulcer, an induration or excrescence of the face, lips or nose with irritating substances externally ; by scrofula and syphilis ; suppression of habitual secretions, etc.

Prognosis: This is not very favourable, although many cases are said to have been cured. The more extensive the cancer and the more enfeebled the constitution, the more unfavourable the prognosis ; this is likewise the case when the cancer re-appears again after an operation. The knife should never be resorted to in the treatment of cancer ; an operation is not only useless, but inflicts unnecessary tortures upon the patient, and, generally speaking, hastens his end.

§ 189. For cancers of the face, the first remedy is *Arsenic ;* not Fowler's solution, but the pure Arsenic. The pathogenetic effects of Arsenic which point to cancer, are : Burning swelling in the nose, with pain to contact ; tumour in the nose ; ulceration of the nostrils, high up, with discharge of fetid ichor ;—ulcers in the whole face ; wart-shaped ulcer on the cheek ; dry, cracked lips, brown streak in the lips, as if burnt ; bleeding of the lower lip ; ulcerated eruption around the lips ; cancer-like eruption on the lower lip, with thick crust, hard, pad-shaped edges, with burning pain, particularly when the parts become cold, and with a lardaceous bottom ; spreading ulcer on the lip, painful in the evening, when in bed, with tearing and smarting in the day-time during motion, which is worst when touching the ulcer and in the open air,

disturbing the night's rest;—corrosion of the edge of the tongue, in front, with smarting; the tongue is blackish, cracked.—*Arsenic* may sometimes require some other medicine with it, but it is undoubtedly the most valuable agent when the cancerous dyscrasia has tainted the organism; it is the sovereign remedy for cancer of the nose, tongue and alveolæ.

Clematis being a remedy for the effects from abuse of mercury, such as indurations, even when of a schirrous nature, it will be found useful for syphilitico-mercurial ulcers on the lips when becoming carcinomatous; it may likewise prove useful in alveolar cancer when characterized by a drawing-jerking and burning-stitching in the edges of the ulcer on touching the affec'ed part; these sensations spread over the whole side of the face as far as the eye and ear.

Aurum met. is preferable to clematis when the cancer of the lip, nose or alveolæ, grows out of a syphilitic or syphilitico-mercurial soil; the scrofulous diathesis is not excluded from the sphere of this agent. *Aurum* may likewise prove useful for cancer generally. It is preferable to many other remedies when not only the soft parts, but also the bones, are affected. In this case *Aurum muriaticum* is preferable to the metallic gold; for the muriatic acid is not without its use in the treatment of cancer of the face, especially of the tongue, where I have employed it in alternation with *Arsenic*, guided by these symptoms: the tongue feels heavy and elongated, so that he is unable to move it, with great dryness in the mouth and fauces; painful blister on the tongue, with burning; deep ulcer on the tongue, with black bottom and inverted edges.—*Mercurius* may be of service if the bones have already become affected; likewise *Nitric acid*, particularly when the ulcers bleed profusely, with stinging and burning; even *Asa.* may be serviceable when the edges of the ulcer are hard, bluish, and sensitive to contact.

Conium has been employed with success in carcinomatous affections arising from contusion or shocks;

it is indicated by a scrofulous diathesis and spreading ulcers in the face and on the lips, which look blackish and discharge a bloody, fetid ichor.

As regards *Carbo anim.*, I am unable to state what symptoms have led homœopathic physicians to its use in cancer of the face; it must have been employed empirically.

Calcarea carbon. occasions polypi in the nose, which easily degenerate into carcinoma, particularly when an inherent dyscrasia pre-exists. Pimples, scurfs, ulcers high up in the nostrils, accompanied with swelling, may, by their long duration, lead to cancer, which would therefore require *Calcarea.* The same remarks apply to the lips.

Silicea. Hahnemann knew that the silex contained in mineral waters, is the curative principle in the treatment of chronic diseases, and therefore took the trouble of proving it upon the healthy. The results of his provings were exceedingly rich. The symptoms which point to the use of *Silicea* in carcinoma of the face, are: erysipelatous blotches, lymphatic and suppurating glandular swellings, scirrhous indurations, putrid, spreading ulcers, particularly when arising from abuse of Mercury, with penetrating odour; ulcers with boring and stitching pains and pains as if from concealed pus; fungus hæmatodes in the eyes (in conjunction with *Calc.*, *Sepia*, *Lycop.*, *Thuja*), scurfs and ulcers in the nose, the cracked skin and schirrous indurations in the face and on the upper lip; smarting scurfs on the margin of the upper lip; painful, spongy and carcinomatous ulcers on the lower lip.

Sulphur is considered by some an excellent remedy for cancer of the face. It is certainly useful as an intermediate remedy, and revives the receptivity of the organism when this seems unwilling to accept the influence of the proper specific agent. Even when carcinoma of the face seems to have arisen from suppression of some cutaneous eruption, I would use *Sulphur* only in the manner suggested.

Sepia may be given in cancer of the nose, when the patient complains of a violent burning pain in the large scurfs; beneath the scurfs, which keep spreading and thickening all the time, a corrosive ichor is constantly oozing out, essentially favouring the spreading of the cancer. The general organism soon suffers sympathetically; we may infer this from the paroxysms of feverish heat and chilliness which recur several times during the day. The disposition of the patient is likewise to be considered; *Sepia* is indicated by sad fancies, apprehensions about one's health, fearfulness inducing a hurried pulse and hurried breathing, as if the breath would give out.

Antimonium crudum may be considered of value in cancer of the face. I used it successfully, until a cure was completed, for a horny excrescence under the lower lip; the horn fell off every eighth day, after which it grew again; after falling off, the surface of the stump, which kept increasing, looked raw like raw flesh; the fleshy papillæ looked like the papillæ on the tongue; a viscid humour oozed out of every single papilla. If the scurf to which the thickening of the humour gave rise, remained for more than eight days, the humour then oozed out between the scurf and the horn which now developed itself in breadth. The horn was painless, except when knocked against, in which case it bled. I gave one dose of the third trituration every day, and covered it moreover with a little plaster of antimonial butter.

A similar horny excrescence was cured by means of *Ranunculus bulb.* The excrescence was seated on the forehead, somewhat painful; the patient complained frequently of a burning itching in the excrescence; the scurf formed more rapidly than in the former. After falling off, the stump resembled a deep-eating ulcer with sharp edges. I used *Ant. crud.* for several weeks without success. *Ranunc.*, 6th att., morning and evening, and applying the first externally, effected a cure in a few weeks.

Acidum nitri has been employed by me not only in carcinomatous ulcers arising from a syphilitico-mercurial origin, but also in strawberry-shaped or other fleshy growths in the face, spreading rapidly. The remedy was used internally high, and externally low. Not in every case had the excrescence a syphilitic origin.

§ 190. *Noma, cancer aquaticus.*

This morbid process in the mucous membrane of the mouth is similar to the pustula maligna on the skin. Symptoms of constitutional illness are not at first perceived; a whitish, reddish and frequently blackish pustule or blister shoots suddenly up in the mouth, forming a scurf; the surrounding cellular tissue is swollen, hard, though painless, not red nor very white either; cheeks, lips and eyelids are generally œdematous; the skin is pale, livid, feels like wax, shines like grease; the parotid and cervical glands soon become affected. The blister soon breaks, discharging a blackish ichor and assuming a livid colour; the parts around, to a considerable extent, change very rapidly to a gray, ash-coloured, or black papescent scurf, or to a putrid discoloured papescent mass, in which the mucous membrane and other soft parts are contained in a state of dissolution. The destruction generally commences in the middle of the cheek or at the corners of the mouth, attacks not only the soft parts, but also the bones and teeth, and extends even to the orbits and forehead, neck and chest. The ulcer is irregular, shaggy, insensible, and discharges a thin, bloody ichor with a cadaverous odour; the edges of the ulcer are hard, indented, black as coal, surrounded by a dark shining redness; the parts which slough off do not bleed. In from three to eight days the cheeks, lips and eyelids may become transformed to a soft, putrid mass.—Afterwards fever and symptoms of constitutional suffering set in; the breathing becomes oppressed, the pulse small and frequent, colliquative diarrhœa sets in, etc.—If we succeed in ar-

resting the destruction, the gangrenous parts are separate from the sound parts by a border of an intense, vivid redness, the odour disappears, laudable pus is secreted instead of the ichor, and healthy granulations shoot up from the ulcerated surface.

Noma affects almost exclusively children from the second to the tenth year, rarely full-grown people, and infants at the breast very rarely. The patients are generally unhealthy, scrofulous, delicate children with blond hair, brought up on bad food, in bad air, in foundling or almshouses, orphan asylums, etc. Sometimes the disease sets in as a sequel to measles, scarlatina, smallpox, whooping-cough, dysentery, typhoid or intermittent fevers. The disease is not epidemic, and is very rare.

Generally speaking, the disease terminates fatally.

I have never treated a case of this disease, and what I offer about the treatment is therefore purely theoretical.

I recommend *Secale cornutum* as the specific for this disease. Its destructive action seems to be similar to that of noma. We know from post-mortem examinations that it produces gangrene of the stomach, lungs and other viscera; that the heart and lungs are generally pale, flabby and deprived of blood. Gross recommended *Anthracin* in case *Secale* should have proved fruitless. Others recommend *Corrosive sublimate*, and some again *Helleborus niger*, though the eruption which this substance produces in the mouth, seems to be aphthous rather than any thing else.

Iodium has the following symptoms: Ulcer on the left cheek with hard tubercle, and swelling of the surrounding glands; vesicles in the mouth with increased secretion of fetid saliva and swelling of the gums, small elevations on the inner side of the right cheek, with inflammation of the surrounding parts; putrid smell from the mouth; sudden emaciation down to a skeleton, with hectic fever.—This remedy acts slowly, but the slowness may be overcome by repeating the dose the more frequently; I would likewise state that,

in such diseases, I never use the high or highest potencies. *Kali hydriodicum* may likewise be mentioned along with Iodium. *Acid. mur.*, *Tart. emet.*, *Carbo veg.*, *Chlore*, *Kreasot.*, have likewise been proposed.

After this short deviation, I return again to the treatment of neuralgic affections.

§. 191. *Hemicrania, Clavus, Megrim.*

The attacks are periodical. The patients complain of a boring pain at a circumscribed spot near the sagittal suture in the outer parts of the head; or the pain occupies one side of the head, the forehead, supra-orbital and temporal region, extends into the orbits, and is sometimes relieved by pressing the head together; whereas, at other times, the affected part is extremely sensitive to the least pressure. When the paroxysm is at its height, the patient feels sick at the stomach, vomits up water and mucus, after which the patient feels somewhat relieved. The attack is sometimes excited quite suddenly, by chagrin, fright, sudden joy, a cold, indigestion, etc. During the attack the patients are extremely sensitive to light, noise, change of temperature, even to the smell of food; they endeavour to keep mind and body as quiet as possible. The paroxysm generally commences with sun-rise, on waking, and ceases at night; sometimes, however, it lasts longer. Next day the patient is well again, after a refreshing sleep. The left side of the head is more frequently attacked than the right. The attacks generally occur periodically, either at regular or irregular intervals. Among females, the menses are sometimes retarded by the pain. The attack is frequently preceded by vertigo, cheerful and loquacious mood, or sadness, nausea, loss of appetite, sour eructations, vomiting, etc. It is more or less mild or violent; generally it increases gradually, commencing with a slight pressure or a sensation of coldness in the part to be attacked, and then changing to a throbbing, boring pain, or to a stitching, burning, tearing pain, etc.

The characteristic symptoms of hemicrania are: the characteristic neuralgic character of the pain, its periodical recurrence, the absence of any derangement of the cerebral functions between the paroxysms, the absence of all febrile symptoms during the attack; these may, however, set in after years of suffering, and then the patient is never entirely free from pain, particularly in the region of the sagittal suture; sleeplessness supervenes, and the affected spot is swollen externally and sensitive to the least pressure.

Causes: Persons with irritable nerves, hysteric, hypochondriac, chlorotic individuals, females who have become enfeebled by hard labours and hæmorrhages, individuals leading a sedentary life, literary people, etc., are most liable to the disease. It is occasioned by bad digestion, obstructions in the portal system, arthritis, mercurial dyscrasia, etc., by menstrual suppressions, excessive intellectual labour, excitement of the fancy.

§. 192. *Treatment.* Coffee should be avoided very particularly, otherwise a cure is impossible. The disease is sometimes caused by coffee, particularly when the patient complains of a violent drawing-aching pain in one side of the head, with a sensation as if a nail were driven into the parietal bone; the aversion which patients experience against coffee during the attack, likewise shows that coffee is food for such a megrim. The brain sometimes feels as if torn or smashed to pieces. For this headache, *Nux vom.* is the first remedy, which may be given in repeated doses; or *Ignatia*, *Pulsatilla* or *Chamomilla* may be required after the first dose of Nux, and this medicine may then be repeated afterwards. *Nux v.* is likewise indicated when the stitching-aching pain in one side of the head commences early in the morning, increases gradually, and finally becomes so violent that the patient is almost frantic. This attack is rarely accompanied with congestion of blood to the brain; generally the face is pale, and the features distorted. *Nux v.* is one of the principal remedies.

Dr. Tietzer furnishes the following indications for *Nux* in megrim: "It is more suitable to men, when the disease proceeds from the ganglionic system, and the hemicrania is sympathetic, particularly among hæmorrhoidal subjects who complain of pain in the small of the back, pressure on the rectum, difficult stool and gastric ailments; or to persons with a choleric temperament, to drunkards, and literary persons leading a sedentary life.—The pain is most frequently drawing-aching; there is frequently a sensation as if a nail were driven into one side of the head; on one side the brain feels as if dashed to pieces.—Among females, the menses occur prematurely and are too profuse.—The pain sets generally in early in the morning, or after a meal, or on exerting the mind."

"*Ignatia.* It is suitable to sensitive, hysteric individuals with a sanguine nervous temperament, and soft, insinuating manners, with a disposition to reverie, silent grief, fright, mortification and clonic spasms after some emotion.—The pain is chiefly pressing, sometimes stitching, from within outwards, in the forehead and root of the nose." The pressing pain is predominant; when there is a sensation as though a nail were bored into the brain, the pressing is felt from without inwards; a peevish mood likewise indicates *Ignatia.*

Chamomilla is indicated by drawing-beating pains in the right half of the head, recurring in paroxysms and excited by emotions; by a quarrelsome and vexed mood, hypochondriac, whims, etc.

Pulsatilla is suitable to chlorotic, hysteric persons, with a phlegmatic, good-natured and roguish disposition; it suits a scrofulous diathesis and abilioso-gastric state. It corresponds to stitching-tearing pains, worse in the evening and most violent at night; to a sad, whining mood.

Belladonna should be used when the pain extends to the orbit and nasal bones; the pain is pressing, undulating, as if the brain would be dashed to pieces or as if it were shaking to and fro. (*Platina* might like-

wise be tried for an undulating pain.) *Belladonna* is particularly indicated when the pain is aggravated by the least motion of the body, and especially of the eyes, by exposure of the eyes to the light, by noise, by people walking about in the sick-room, and generally by every least concussion; the arteries pulsate audibly.—*Belladonna* is likewise suitable for the arthritic hemicrania, with shooting, deeply penetrating, intense pains, sometimes commencing at one spot as with a breath, changing to a long, extremely painful stitch, which pierces the whole hemisphere of the brain, and deprives the patient of consciousness. This attack yields to one or two doses of *Belladonna* in 36 hours, and frequently remains suppressed for a long time, though *Sepia* seems more adapted to a cure, inasmuch as stitching and pricking pains are among the pathogenetic effects of that medicine. *Sepia* is particularly indicated by stitching pains in one of the frontal or occipital protuberances; the stitches are like flashes from without inwards, and reverberate deep in the brain for a long time; the more frequently they recur, the more the patients complain of heat in the head, which gradually becomes more and more troublesome and is accompanied with great tightness of the head, and painfulness of the head to contact. In arthritic hemicrania it is frequently observed that the scalp is very painful to contact, with a sensation of tightness. In some cases I have removed this last symptom with *Acid. nitr.*, or *Zincum* or *Petroleum*, being guided by the accompanying symptoms in the selection of the remedy.

Though *Sepia* and *Belladonna* are necessary to effect a radical cure, yet *Aconite* is absolutely required for the following symptoms: a tearing-drawing and jerking-stitching pain in the head, with fulness and weight in the forehead, throbbing in the temples, bloated and red countenance, the headache gradually increasing to such an extent, that the patient almost becomes frantic; the patient moans aloud, complains of great anguish, with shortness of breathing and palpitation of the heart, etc. I give the patient *Aconite*

to smell of every 5 or 10 minutes; in a short while the patient goes to sleep, and feels relieved.

Coffea corresponds to a pressing pain on one side of the head, as from a nail being driven into the brain, or as if the brain were smashed to pieces; the pain is generally excited by mental exertions, and occurs even in persons who had never used coffee. In some cases *Nux v.* and *Bryon.* are required after *Coffea.* The symptoms for *Bryonia* are: Pressing pain in the left frontal eminence from within outwards, as if the part would burst open, aggravated by moving the eyes, accompanied by tearing with pressure in the affected hemisphere of the brain, likewise with dizziness and heaviness in the same, sleeplessness, and a vexed, irritable mood.

Colocynthis corresponds to a pressing or drawing-crampy hemicrania when aggravated by lying on the back or by stooping, accompanied with nausea and vomiting, appearing every afternoon or evening, extorting cries and tears, and inducing an increasing shortness of breathing. It is easily excited by emotion, indignation and mortification.

This kind of hemicrania is frequently cured by *China.* I have used it principally for a pressure with tearing, or for a tearing with pressure at some spot of the head, with great mental excitement, restlessness, excessive activity of the fancy; the pain is aggravated by movement in the open air, or by pressure.

Hemicrania, and headache generally, are frequently accompanied with vomiting and nausea. *Ipecacuanha* is suitable for many of such cases, likewise *Pulsatilla,* particularly when the pain is boring, stitching, contractive, or as if the head were screwed in.

Hemicrania is seldom cured with one remedy only. Among those that require to be mentioned is *Veratrum album,* when the pain is throbbing with pressure, with sensation as if the brain were bruised, rush of blood to the head, pains in the stomach, obstinate constipation, etc.

Arsenic corresponds to a throbbing-stupifying pain

in the forehead, particularly over the root of the nose, or over the left eye, the pain almost always leaving a weakness of the head with qualmishness and weakness in the pit of the stomach. The arsenic-hemicrania is characterized by symptoms like the following: it occurs regularly after dinner, decreases by applying cold water to the head, and increases again on removing it; it is most violent in the evening and at night, is relieved by walking about, by external warmth and compression of the head; it is sometimes accompanied by excessive prostration, etc.

Arnica is suitable for paroxysms of stitching pain in the forehead and temple, with heat in the face and thirst, nausea and qualmishness in the pit of the stomach, particularly on stooping. *Arnica* is suitable for arthritic hemicrania, likewise *Guajacum.* The pressing pain, which frequently changes to a stitching, occurs most frequently in the right frontal eminence, or on the vertex, and ascending from the nape of the neck, shortly after rising in the morning. *Guajacum* is also indicated by a drawing-tearing pain from the left parietal bone to the frontal protuberance; it is generally accompanied with a sensation as if the scalp were swollen, and as if a throbbing were felt in it.

The principal indications for *Hyoscyamus* are: stupifying pressure, changing to stitches or tearing and shifting about.

Cicuta corresponds to a pressing heaviness, or a stitching-compressive pain, generally in the right side of the head, from the nose and eye to the occiput. It occurs most frequently among hysteric individuals, with a sad and anxious temper.

Ruta removes a stupifying pressure in the right half of the forehead, and above the root of the nose, with nausea, decreased by motion.

Manganum aceticum is indicated when the pains occur at night, are aggravated by stooping; sometimes they occur during a walk in the open air, and are relieved in the room, or they get worse or better

with a change in the weather. The principal symptom is a tearing-stitching pain in the left side of the head; the pressing pain from the occiput across the vertex to the forehead is less frequent.

Capsicum annuum is an excellent remedy for arthritic headache and hemicrania, particularly when the pain is throbbing or stitching with pressure, aggravated by moving the eyes and head, and by inclining the latter forward; in hysteric megrim it deserves a preference over many other remedies.

Thuja renders good service in old hemicrania; in hemicrania arising from former sycosis, which, after being apparently cured, leaves behind it rheumatic affections of other organs, which disappear again with the setting-in of the hemicrania. *Thuja* is characteristically indicated by a pressing-aching pain in one side of the head, as if a nail were driven in, in the right hemisphere of the brain; the pain generally becomes worse in bed, during rest and in warmth, and is relieved by motion, coldness and sweat.

Spigelia, *Sabina*, *Aurum*, *Rhus tox.*, deserve to be ranked next to Thuja.

Nitri acidum: Indicated by oppressive heaviness which passes into a drawing-stitching and darting-cutting pain, with tightness of the head and nausea; the drawing-stitching pain, generally in the left side, in the occiput and parietal bone, is the most painful symptom; it obliges one to lie down, and prevents sleep; the darting cutting strikes from before backwards. This kind of hemicrania occurs in scrofulous, hysteric, syphilitic subjects, and is accompanied with vascular excitement; it is excited by little exercise, a walk in the open air, by a slight cold, etc.

Tinctura acris sine kali. Hahnemann has mixed up the symptoms of this agent with those of Causticum. I have used the former remedy when the patients complained of the brain feeling as if torn or smashed to pieces on one side, which was aggravated by shaking the head. The pains became worse towards

evening and in the open air; the aching pains are excited by a current of air, and set in with chilliness.

Conium has been given for drawing-tearing-stitching pains; for a sensation as if a large foreign body were lodged in the right hemisphere of the brain, which can be dislodged by external friction. It is suitable for old people and females, and for hypochondriac, hysteric, scrofulous and syphilitic individuals.

Calcarea carbonica is suitable for scrofulous subjects, and is principally indicated by a stupefying-aching pain on one side, with empty eructations, excited by reading and writing; by an oppressive sensation of fulness, with heat in the head, and aggravation on raising and moving the head; by a pressure from within, relieved by counter-pressure; by an aching-drawing, tearing, stitching pain.

Petroleum, *Lycop.*, *Zinc.*, *Phosphor.*, *Silic.*, *Kali carb.*, should not be forgotten. The latter remedy relieves headaches caused by riding in a carriage.

NEURALGIÆ OF THE SPINAL NERVES.

§ 193. *Neuralgia of the spinal marrow, spinal irritation, rhachialgia, notalgia.*

Spinal irritation is a disease of the spinal marrow which scarcely ever leaves a trace of material alteration of that organ in the dead body. The principal symptom is: pain in the back, accompanied with pain, disagreeable sensation and convulsive paroxysms in the internal body, or in the organ which is in relation with the affected portion of the spinal marrow. The pain extends through the whole or part of the spine. The pain in the marrow is sometimes more deep-seated than the origin of the nerves of the secondarily affected organ. When the upper cervical portion (especially the 2d and 3d) is affected, the patients complain of pain in the head, forehead, face, illusions of the senses, hemeralopia, vertigo, amaurosis, buzzing in the ears, deafness, delirium, stiffness

of the neck or altered inclination of the head. A pain in the lower cervical portion is accompanied with: pain in the region of the clavicles, shoulders, breasts, sternum, arms and fingers, spasm of the fauces or larynx, singultus; spasmodic movements or paralysis, sensation of oppression or palpitation of the heart. If the upper dorsal portion be affected, we have: constriction of the thorax, orthopnœa, spasmodic cough, palpitation of the heart, fainting fits, moaning; pains in the hypochondria, below the false ribs. If the lower dorsal portion be affected, the patient complains of pain in the stomach, cardialgia, pain in the pit of the stomach, derangement of the digestive functions, vomiting, eructations; sometimes pains in urinating, with frequent urging to urinate. An affection of the lumbar portion is indicated by sensitiveness of the abdominal integuments, colic, pains and impeded motion of the lower limbs; ischuria, drawing in the testicles.—The most important symptoms sometimes run a more or less regular course.—The irritation is most frequently seated in the region of the 7th to the 9th, and of the first to the second dorsal vertebra.

Causes: The disease is more frequent among women than men, and principally among hysteric and hypochondriac individuals; it is caused by menstrual irregularities, confinement, digestive derangement, affections of the dental nerves, foreign bodies which irritate the spinal marrow. The blood, when infected with the miasma of typhus and intermittent fever, appears to cause a secondary spinal irritation, which many consider as the essence of the disease. In this case the irritation is principally seated in the first and the adjoining dorsal vertebræ. (Canstatt).

§ 194. I shall not attempt to construct a complete special therapeïa upon the subject of spinal irritation. Many of the diseases arising from spinal irritation, have already been treated in former chapters, such as: intermittent diseases, arthritis, rheumatism, paralysis, prosopalgia, etc.; many others will be mentioned hereafter. I will add a few general indications, which,

though of little practical value in themselves, may serve to suggest a useful remedy in particular cases.

Pain of the cervical vertebræ.—For pressure in the same: *Guajacum;* tension and pressure: *Bismuthum;* cracking in the same on shaking the head: *Stannum;* cracking or crackling, on moving the head, also stiffness in the same: *Magnes. arct.;* pain as if sprained: *Cinnabaris;* soreness of the lower cervical vertebræ: *Conium.*—Intermittent stitches in the clavicles: *Sabina;* tearing in the clavicular region: *Lycop.;* muscular jactitation around the clavicles: *Asa.*—Pressure on the shoulders: *Kali karb.;* tearing pain with pressure in the shoulders, striking down the arm very rapidly, particularly at night, relieved by pressure, excited by motion: *Belladonna;* tearing stitching in both shoulders: *Asa;* tearing in the shoulders, with stiffness of the lower limbs and difficulty of moving them: *Thermæ Tepl.;* tearing in the shoulders with pressure from without inwards: *Laurocerasus;* rumbling and gurgling in the shoulders and scapulæ, with chilliness over the whole body: *Taraxacum;* rheumatic tearing in the shoulders: *Rhodod.;* tearing between the shoulders, aggravated by cold, relieved by warmth: *Rhus tox.;* stitching with burning and pain as if bruised between the shoulders: *Magnes. mur.;* stitching pain in the shoulder on raising and moving the arm: *Ledum;* drawing, tension and tearing from the shoulders across the nape of the neck through the whole arm: *Manganum;* dull stitching pain between the shoulders from above downwards: *Mezereum;* sore feeling between the shoulders, with stitching tightness when walking: *Colocynth;* tearing, throbbing, ulcerative pain from the shoulder to the fingers, also pain as if sprained with cracking: *Thuja;* tearing and burning in the shoulder with lameness of the arm, particularly during the cold season, during rest and in the warm bed: *Rhus tox.*—Pain at the lower end of the sternum as from a shock or sore: *Cicuta;* stitches in that region: *Angustura;* stitching with pressure in the

sternum and sides of the chest: *Argilla;* fine stitching in the middle of the sternum without disturbing the expirations or inspirations: *Bismuthum;* stitching with pressure on the sternum: *Euphorbium;* aching pain in the sternum aggravated by contact: *Sassaparilla;* itching, fine, sharp stitches at the upper end of the sternum, close below the throat-pit, obliging one to rub, with pain as if sore and ulcerated behind the part when coughing: *Staphys.;* aching and crampy pain in the region of the sternum, particularly after eating and drinking: *Veratrum;* tearing and stitching in the sternum: *Cyclamen;* sharp stitches in the sternum and near the right chest: *China;* tensive pain on the sternum: *Acid. mur;* dull cutting-stitching pain near the sternum below the last true rib, also as from a plug below the first three costal cartilages: *Aurum;* pressure in the sternum and side: *Cantharid.;* pinching under the sternum: *Cannabis.* The pain in the dorsal vertebræ has likewise different forms, such as: crampy pain in the same, early in the morning when in bed, in a recumbent posture: *Euphorbium;* tearing with pressure in the lower dorsal: *Sabina;* cutting in the region where the first dorsal unites with the last cervical vertebra: *Digitalis;* aching pain as from stooping or straining, passing off during motion: *Acid. mur.;* tearing pains with pressure: *Aurum;* rheumatic pains in the same as if bruised, when stooping and raising one's-self again: *Veratrum;* burning-tearing pains: *Nux vom.*—For drawing in the lumbar vertebræ: *Conium;* violent tearing pain in the same, extending from both sides to the renal region, aggravated by moving the trunk: *Stannum;* bruised pain, where the last lumbar joins the os sacrum: *Aconite;* tearing with pressure in the same extending forward as far as the iliac bones; it seems as though the vertebræ would be broken to pieces, only when bending forward and backward. (*Chelidon*).

NEURALGIÆ OF THE ABDOMINAL NERVES.

§ 195. *Neuralgia coeliaca.*

Formerly this disease was confounded with colic and cardialgia, until Autenrieth succeeded in establishing the correct diagnosis of each of those affections.

The paroxysms are preceded by a precursory stage lasting from a few minutes to several hours, during which the patients are very uneasy and apprehensive of the coming attack, which sets in in the following manner: The patient feels a violent pain in the pit of the stomach, below the ensiform process; the pain is burning, tearing, stitching, aching, as if a hot coal were lodged there; or as if the part were violently torn asunder; the pain is frequently so piercing that it sets robust persons frantic, and causes feeble individuals to faint. After the pain has lasted for a while at this spot, say from five minutes to half an hour, it leaves there and shoots under the sternum towards the neck like a flame, or it divides into two currents, which, following the course of the sympathetic nerve, ascend towards the neck on both sides of the vertebral column; or else the pain suddenly branches off in every direction, particularly towards the hypochondria, following the course of the plexus lienalis and hepaticus. Towards the end of the paroxysm the patient is troubled with eructations or accumulation of water in the mouth; after the paroxysm the patient complains of great emptiness in the abdomen and languor and lassitude in the whole body; the tongue is clean and the appetite and digestion are good. It is very rare that several paroxysms take place in one day; but if they continue long, scarcely a day passes without a paroxysm. The paroxysms are most violent in spring and fall; much less so in summer and winter; they are most frequent at night and in the morning.

Etiology: The disease is much more frequent among men than women, in the proportion of 3 to 1.

It is most frequent between the years of 20 and 35; afterwards it occurs less frequently. Hereditary abdominal weakness and a sedentary life predispose for the disease; it may be occasioned by an imperfect appearance of hæmorrhoids, by suppression of itch, mismanaged gonorrhœa, etc.

The prognosis is almost always more or less favourable under homœopathic treatment, except if the stomach should have become disorganized in consequence of the long duration of the disease.

§. 196. *Nux v.* and *Arsenic* are the best remedies for this disease.

Nux is indicated by the following symptoms: Sanguine choleric temperament, malicious character, venous hæmorrhoidal constitution, the hæmorrhoids being imperfectly developed; the pain makes the patient frantic; sedentary life with intellectual exertions. *Arsenic* is more suitable to persons with melancholy, nervous temperaments; the pain causes them to swoon. *Nux v.* is preferable when the pain sets in in the morning and the patient falls into a heavy sleep after the paroxysm, from which he wakes more tired than he was the previous evening; the pain is relieved by lying down. *Arsenic* is more suitable when the paroxysms set in about midnight, rousing the patient from the soundest sleep; they can be relieved by walking about. The burning pain corresponds to *Arsenic*, the tearing, stitching, hard-aching pain to *Nux;* anguish is always present; a very high degree of anguish may however point to *Arsenic.* For the gastric symptoms which set in towards the end of, or after the paroxysm, I give *Nux;* for the nervous symptoms, *Arsenic.*

Sabadilla helped me out in some cases where the burning pain, soon after its appearance in the pit of the stomach, flashed upwards in the chest, towards the throat-pit, accompanied with intolerable oppression of breathing, almost unto suffocation, which the patient felt immediately after waking; sometimes a constrictive sensation deep in the fauces was present;

after the paroxysm the patient complained of empty eructations and a feeling of emptiness in the abdomen; languor of the whole body, and sensation as if he had been lying on wood the whole night.

Veratrum may be tried in the place of Nux if this should fail, and *Phosphorus* in the place of Arsenic.

Cicuta virosa suits nervous, irritable females; the pain in the pit of the stomach is burning-stitching-throbbing, accompanied with loud singultus.

Bryonia, Conium and Sulphur deserve to be named, the two latter especially when the disease is supposed to have arisen from the suppression of some cutaneous eruption. Other remedies will be found mentioned in the chapter on cardialgia.*

§. 197. *Colica, enteralgia, enterodynia, colic.*

Colic is characterized by pressing, constrictive, cutting, pinching, tearing, wandering or seated pains, principally in the umbilical region, or along the course of the colon; they abate or cease, and recur again, alternately; the abdomen is not distended, hot or sensitive to pressure. The duration of the attack varies. The pains may become so violent that the patient writhes like a worm, tosses about the bed in anguish and despair, rolls about the floor; the abdomen is so sensitive to the touch that one might be led to suppose a violent inflammation must have developed itself. By increasing the pressure, the pain is sometimes diminished, which is not the case when inflammation is present. After the attack, the sensitiveness of the abdomen ceases.—The colic may be accompanied with pain in the stomach, bladder, uterus, calves.—During the paroxysms the abdominal muscles and integuments are spasmodically drawn to the spinal column. The contraction of the bowels frequently leads to obstinate constipation; the reflex action on the stomach causes vomiting, and upon the biliary

* If physicians will try the *tincture of Aconite* for this disease, they will soon find out what is the true specific for it. In most cases card algia is a simple state of venous congestion which yields to *Aconite*, and the application of warm flannel to the stomach.—*Hempel.*

ducts icterus. The sympathetic suffering of the nerves of the diaphragm and of the nervi vagi explains the oppression, anguish, the moaning and irregular breathing, the singultus, etc.—The pulse is contracted, small, the extremities are cold, face pale, the features exhibit an expression of pain; after the attack, the urine is watery, pale-yellow; fainting fits and convulsions sometimes set in.

Etiology: Colic may be excited by every unusual irritation of the intestinal mucous membrane: indigestion, a cold drink while the body is hot, crude vegetables, unripe fruit, excessive use of ripe fruit, improper use of emetics and cathartics, acrid and metallic substances, poisons, foreign bodies, retained or indurated fæces, worms, excessive or morbid secretion of bile, flatulence, mechanical dragging of the intestine by hernia or other alterations of place, etc. According to the origin, we distinguish rheumatic, bilious, gastric, stercoral, verminous, metastatic, arthritic, hæmorrhoidal, menstrual, flatulent, hysteric, hypochondriac colic.

The prognosis is not unfavourable.

§ 198. *Flatulent colic.*

Flatulent colic depends upon an accumulation of air induced by flatulent and fermenting food, etc., during a weak state of the bowels, or it may be caused by a cold, disturbing emotions, such as: anger and chagrin, inducing a spastic state of the bowels, which prevents the discharge of the accumulating gas. The pain is distensive, stitching, drawing, cutting, and is somewhat relieved by pressure on the abdomen. Frequently the pain wanders about, with rumbling, following the course of the intestines, particularly the colon, and affecting even the stomach and chest. The abdomen is irregularly distended in some places, without hardness, or great sensitiveness; here and there a hard elastic swelling starts up yielding a tympanitic sound. The pain is relieved by the discharge and shifting of the flatulence. The same relief is procured by eructations, and rubbing the abdomen.

Sometimes the flatulence wanders only as far as the region of the left hip, where it causes a horrible pain, and then leaves again with a noise. Violent colic is sometimes accompanied with ischuria, spasmodic erection of the penis, and coldness of the extremities; the pulse is generally small, intermittent; costiveness, anguish in the præcordial region, straining, etc., are likewise present. This kind of colic frequently befals infants that are brought up without the breast, hypochondriac, hysteric persons, and individuals leading a sedentary life. The colic is generally of short duration, disappears after the emission of flatulence, but is apt to re-appear, and, finally, to become habitual.

§. 199. *Nux vom.* is one of the first remedies for this disease. It causes difficulty of digestion, distention of the epigastric region, pressure and fulness in the stomach, particularly after dinner, disposition to flatulence, and even a real flatulent colic. It removes colic which is deep-seated in the abdomen, and is accompanied by a sensation as if a cutting or sticking instrument were operating upon the bladder, the neck of the bladder, the commencement of the urethra, the perinæum, the rectum and anus, as if cutting flatulence would press out everywhere; the pains become intolerable by stepping about, so that the patient is obliged to walk bent double, whereas they disappear rapidly during rest, when sitting or lying. This colic is frequently accompanied with the most violent headache, and pains in the small of the back.

Cocculus is indicated by a constrictive pain in the abdomen, with qualmishness, and pressing towards the sexual parts; by discharge of flatulence without relief, constantly followed by other flatulence which becomes incarcerated here and there, and causes a pressing, tearing, and burning pain; sometimes the flatulence distends the whole abdomen, affects the stomach, causing a crampy and griping-tearing pain in the same, and creates a feeling of anguish, with pressure in the subcostal region; these symptoms abate or disappear by eructations. The attack generally sets in after midnight.

Chamomilla removes the following symptoms, which are sometimes caused by a cold: sensation as if the flatulence would press through in various places; distention in the præcordial region and hypochondria; indescribable anguish, restlessness, clammy sweat. A violent attack is sometimes accompanied with an urging to stool and rumbling, which disappears again after the discharge of some slimy water. This kind of colic frequently occurs among infants, and readily yields to *Chamomilla.*

Belladonna removes a flatulent colic, which is relieved by bending forward and by pressure; the transverse colon protrudes like a pad. This colic is frequently accompanied by a pinching and pulling from above downwards in the affected parts, which increases in proportion as the patient endeavours to remain up; in this case he feels as if the bowels were loose and had settled lower down. The colic is sometimes accompanied by discharges of pus, which seem to point to the presence of an ulcer in the bowels; in such a case *Mercurius* may be given after Belladonna. Mercury is very frequently indicated after Belladonna in abdominal affections.

Belladonna is likewise useful in those kinds of colicodynia flatulenta, which bring on fainting fits, cold sweats, or a violent congestion of blood to the head, with redness of the face and swelling of the veins; the pains are so violent that the patients behave like frantic madmen.

Belladonna likewise removes the grasping and griping as if with nails, under the umbilicus, particularly when accompanied with pain in the back and small of the back.

Flatulent colic deep in the abdomen, with sensation as if the lower bowels were constricted, incarceration of flatulence, with pressing and tensive pains, a tight and anxious feeling under the short ribs, is most speedily relieved by *China.*

Hysteric persons are frequently roused from sleep at night by an attack of flatulent colic, characterized

by stitches in the sides and towards the chest; the pain is relieved by emission of flatulence, but the emission being incomplete, the pain lasts a long while. This kind of colic is most certainly relieved by *Ignatia amara.* The colic is sometimes accompanied by an aching pain at a small spot of the head, peculiar to hysteric females; this pain is a sensation as if a blunt body were driven into the brain.

Pulsatilla is more suitable for women than men, and is especially indicated when the headache arises from nervousness rather than from hysteria; also, when the aching colicky pains recur periodically in the evening or after midnight, and when the flatulence which is incarcerated in the epigastric region, and causes pinching and gurgling, passes off with a violent cutting colicky pain, and frequently even with nausea and vomiting.

Zincum seems to help when the flatulent pains, which afterwards increased to real aching colicky pains, get worse from drinking a glass of wine, or appear towards evening, during rest; the pains are generally accompanied with constipation, with loud rumbling, fermenting sensation, and retraction of the abdomen; hot, humid winds are frequently passed without relief.

Veratrum is suitable to flatulent colic preceded by anguish, despair as if beside one's-self, particularly when the flatulence shifts about and finally attacks the whole abdomen; the emission of flatulence is so much more difficult, the longer it remains incarcerated; the abdomen is distended and hard.

Phosphorus relieves flatulent colic which is deep-seated in the distended abdomen, aggravated in a recumbent posture, and accompanied with loud, painful rumbling.

Hyoscyamus is useful for pressing flatulent colic, in the evening when in bed, with distention of the abdomen, and pain on touching it; also for flatulent colic which sets in after rising in the morning, and is accompanied with meteoristic distention of the abdo-

men, rumbling, pinching in the abdomen, with pressure from above downwards, nausea, and bruised pain in the back.

Capsicum may be tried for a painful tension from the abdomen to the chest, as if from distention of the parts, also with pressure, particularly in the epigastrium, worse during motion; the patient complains of an oppressive tightness in the lumbar region; the hardness and distention of the abdomen make the contact of the clothes intolerable.

Aurum. Nightly incarceration of flatulence under the left ribs, with stitching; the attack sets in even after the most moderate meal.

Asa fœtida. Suitable for hysteric and hypochondriac individuals, or persons suffering with congestion of the portal system and abdominal pulsations. The pain is great, abdomen distended, great rumbling in the bowels.

Carbo veg. Flatulent and hæmorrhoidal colic. The former is aggravated, or renewed by taking the least nourishment. The pain is crampy, with pressure, particularly in the left epigastrium, under the ribs, and in the region of the bladder. The attack is frequently induced by a cold; emission of flatulence procures some relief.

§. 200. Flatulent colic is sometimes accompanied with a sensation as if hernia would protrude through the abdominal ring. There is indeed danger of hernia, if the sensation should have been experienced repeatedly. The proper remedies for this symptom are: *Chamomilla*, *Nux vom.*, *Cocculus*, *Veratrum*, *Magnes. arct.*, *Capsic.*, *Aurum*, *Mezer.*, *Acid. sulphur.*, *Sulphur*, *Phosphor.*, *Carbo anim.* Hereditary disposition, constitution, temperament, previous diseases, etc., sometimes point to one or the other of those remedies. I have frequently removed that condition of the ring with *Nux vom.*, *Cocc.*, *Verat.*, *Magnes.*, *Chamomilla.*

§. 201. *Colica gastrica.*

This colic is induced by crudities, bile, mucus, undigested or decayed remnants of food, noxious articles

of diet, worms, etc. The colicky pain is more or less violent, accompanied with a sensation of tightness, heaviness, repletion; pains in the back extending to the loins, thighs, knees; deranged stool. The abdomen is not hot, the pulse somewhat irritated, but neither hard nor tight; fever may, however, supervene. The pain is relieved by the discharge of the foreign substances.

Bilious colic is induced by the presence of acrid bile which is secreted, to excess, into the stomach and intestinal canal; the colic is generally felt in the epigastrium; it is generally accompanied with vomiting of greenish matter, from which we may infer the presence of bile in the stomach. This kind of colic is sporadic, caused by violent anger or chagrin; it is endemic in hot countries, where bilious fever and hepatitis are common diseases; it is frequently epidemic, even in our climate, in hot summers, with cool nights; then it prevails in company with bilious fevers and bilious dysentery, or other bilious diseases, is frequently combined with these diseases, and is caused by a cold, indigestion, carousing in the evening, or night-air. Bilious colic does not always set in suddenly; sometimes it is preceded by bilious phenomena, such as loss of appetite, bitter taste, yellowish-slimy coating on the tongue, tightness in the præcordia. The colicky pains are generally violent, acute, cutting, contractive, frequently emanating from the right side, where they are most violent; accompanied with great internal heat, thirst, restlessness. The patient is relieved by discharges of bile from the stomach or rectum. Violent attacks easily lead to hepatitis or enteritis, or leave, at any rate, a great sensitiveness of the intestinal canal, predisposing the patient to new attacks.

§. 202. If we can ascertain the cause of the colic, we should endeavour to remove it, or to select our remedy accordingly. *Chamomilla*, for instance, should be given when the attack was brought on by violent passion or chagrin. It is indicated by a painful distention and tightness in the subcostal region, particu-

larly in the right hypochondrium, whence colicky pains spread to the umbilicus, causing a pressure and griping in the stomach, which lead to nausea and bilious vomiting, and leave the tongue coated with yellowish slime, and a bitter, bilious taste in the mouth.

Nux vom. is preferable to *Chamom.*, if the attack took place after a copious meal, or some time elapsed before medical aid was required; it suits patients with a robust, plethoric constitution, or persons accustomed to rich living.

Ignatia corresponds to colic from silent grief, and *Pulsatilla* should be given when Chamomilla relieves but does not stop the recurrence of an attack. See the chapter on Gastroataria, vol. I.

Ipec., *Bryon.*, *Verat.*, *Arsen.*, *Dulc.*, *Sulph.*, are likewise indicated for bilious colic.

Hahnemann cured a case of colicodynia with large doses of *Veratrum* (see Hufeland's Journal, vol. III., No. 3, year 1797.) Four or five hours after eating fruit, particularly pears, the patient experienced a certain movement about the umbilicus;* suddenly he felt, at the same spot, a pinching as if with pincers, accompanied with excruciating pains; this continued for half a minute or a whole minute, and disappeared suddenly after some rumbling extending down to the groin or cœcum. If the attack was very bad, the pinching and rumbling occurred more frequently until they remained altogether. This sensation was accompanied with a feeling of constriction from above downwards, so that no flatulence could be discharged either above or below. The anguish and pain increased from hour to hour, the abdomen became swollen and painful to the touch. The anguish, which resembled a fever, was attended with a frequent urging to vomit, the chest became oppressed, the breath-

* The patient had complained of a dull, disagreeable sensation in the left hypochondrium for a year past, after having had an attack of colic.

ing short and difficult, cold sweat broke out, and the patient felt stupified and prostrated. In this condition he was unable to swallow liquids, much less solids. During the stupefaction the face was bloated, with protruded eyes, and no sleep. Gradually flatulence was emitted above and below, and the attack disappeared after 16 or 24 hours. The patient remained weak for three or four days, but the seated dull pain, general feebleness and the sickly appearance remained.

Colocynthis is a principal remedy for bilious colic from chagrin. I used it with success in a species of colic arising from sudden flatulence which could not be discharged; the attack set in at midnight. This remedy is particularly useful when the most violent pains continue unabated, except with very slight intermissions, and, on ceasing, leave a bruised pain in the whole abdomen, which, on stepping, produces a sensation as if the bowels were suspended by easily torn threads, on which account the patient has to walk slowly and cautiously. This symptom continues even a long time after the cessation of the attack. *Colocynth* is likewise indicated by an intense pain at a small spot in the umbilical region, appears periodically every 10 or 15 minutes, or even less frequently, commences with a slight drawing from the sides to the centre, which gradually increases to a crampy, pressing, digging, tearing and griping pain, and becomes so violent that the patient utters loud shrieks, bites on every thing which is near him, and writhes in his anguish like a worm. The above-mentioned bruised pain remains after such an attack.

Worm-colic belongs under this head. The pains shift about, with long intermissions, and are frequently most violent before breakfast; they can be appeased by sugar-water or milk, and are excited by salt food; the pains are gnawing, boring, creeping, the patient feels something living move about in his abdomen. — *Mucous colic* exhibits symptoms of mucous derangement and colic; the pains are aching, boring, at-

tended with flatulence.—*Colic from indurated fæces*, to which old people, hypochondriacs, pregnant females and individuals with old herniæ, are subject. The lumps of fæces may be displaced and felt with the hands, etc. The remedies are the same as those that have been indicated in the last paragraphs, and in the first volume.

§. 203. *Colica saturnina, pictorum, rhachialgia metallica.*

This kind of colic arises from the introduction of metallic oxyds, especially lead, in various forms and ways, into the human body. This may take place by mixing it up with food and drink, wine for instance, or by administering it as a medicine in the form of an acetate, or by inhaling metallic vapours, as is the case among miners, potters, painters, type-founders, or by using badly glazed leaden vessels. This colic is characterized by an excessive retraction of the abdominal muscles towards the spine, sympathetic vomiting, strangury, slow and hard pulse, obstinate constipation, and dryness of the fæces.

The colicky pains are at first dull, intermitting; as the disease increases, they become twisting, constrictive, boring; they become concentrated in the pit of the stomach and umbilical region, when they radiate to the chest, back, hips, arms and feet; at last the intermissions disappear, the pain becomes continuous, and is frequently so violent that the patients toss about, moan, writhe in agony; the pain is sometimes relieved by compressing the abdomen. The abdominal muscles are frequently contracted to such an extent that the vertebræ can be felt through them. The alvine evacuations cease; sometimes a scanty discharge of hard lumps like sheep-dung does not take place till a week or a fortnight after the commencement of the attack.

Reflex-symptoms are: loss of appetite, nausea, retching, vomiting of a dark-green matter, or like verdigris; strangury or ischury; retraction and con-

traction of the sphincter ani; the testicles are drawn spasmodically to the abdominal ring; the breathing is anxious and even asthmatic, particularly during the attack, the voice is hollow and dull; sometimes singultus is present.

The following symptoms are likewise frequently observed in the course of an attack: tearing pains in the limbs, sometimes alternating with the colic, particularly at night; these pains, if lasting, increase to weakness, tremor and paralysis; the extensor muscles are paralyzed, the flexor muscles remain active; this is strikingly noticed in the muscles of the hands, which are then bent inwards towards the forearm; the pain in the limbs frequently continues with the paralysis. Other nervous symptoms are: epileptic spasms, delirium, amaurosis, apoplexy.—The patients emaciate rapidly, the skin becomes dry, cracked, yellowish.

The attacks generally last from eight days to a fortnight. They are readily cured by homœopathic means, but the cause remaining, relapses are very frequent. In this case the constipation becomes habitual, the patients retain a pale complexion, they become thin, feeble, paralytic and dropsical.—Termination in enteritis and ileus is not very frequent.*

§ 204. The specific remedy for lead-colic is *Opium*. It removes the attack by opening the bowels. None of the allœopathic adjuncts, such as alum, cathartics, oleosis, hyoscyamus, etc., are required with Opium.

Platina is recommended by some as a superior remedy for lead-colic.

After the removal of the attack, various symptoms sometimes remain, such as the paralysis. The constipation, spasms in the chest, amaurotic weakness, can be met by *Stramonium; Belladonna* deserves a preference if the amaurosis and deafness should be very great, and may be followed by *Hyoscyamus*. In

* For a beautiful description of the lead cachexia, see Hempel's Jahr.

some cases slight electric shocks will be found useful.

Alumina is likewise a good remedy for many after-diseases.

§. 205. *Colica æruginalis, copper-colic.*

This colic attacks workers in copper, coppersmiths, etc., or persons who eat food prepared in badly tinned copper vessels. It differs from lead-colic in many respects.

The abdomen is distended, hard, painful to contact; the spasms, which are sometimes accompanied with cutting and tearing in the bowels, are very violent, and attack even the extremities, accompanied with piercing shrieks; anxiety and pressure in the pit of the stomach, spasmodic constriction of the chest, white-coated tongue, with red tip and edges; difficult speech, diarrhœa, sometimes resulting in the discharge of a thin, green, or bloody mucus, with tenesmus; the urinary secretions are frequently totally suppressed; sympathetic vomiting as consensual symptom.

§ 206. *Treatment.* This must be antidotal. *Belladonna* is the best remedy when the above-named symptoms occur: erethism, distention, hardness and sensitiveness of the abdomen, spasmodic tenesmus, colicky griping, particularly in the umbilical region, the above-described stools, stuttering speech, etc.

After Belladonna, we may give *Mercurius*, when the erethic symptoms are subdued, and purely gastric symptoms exist in the lower part of the intestinal canal, the stomach being quiet.

Ipec. and *Verat.* may likewise be indicated by the symptoms.

Nux vom. is related to Mercurius, and is to be preferred when the reflex-action towards the stomach continues.

China, *Hep. sulp.*, *Cocc.*, *Calc. c.*, may likewise be mentioned as useful remedies for the after-effects, after the colic is subdued.

§ 207. *Colica sanguinea, plethorica, hæmorrhoidalis.*

This colic is excited by congestion of the abdominal organs, hæmorrhoidal or menstrual suppression. The symptoms are various, and are apt to recur periodically, especially when the moon is on the increase. Fever is present only when the colic is very violent. The colic, which is apt to assume an inflammatory character, is extremely violent, continuous, seated, stitching, cutting, oppressive, increasing by contact; if the spasmodic character prevails, the pains are paroxysmal like labour-pains, and the abdomen is at times distended and sensitive, at others spasmodically contracted; a sensation of coldness in the abdomen is experienced when a paralytic state is present. These colicky pains are accompaned with drawing, tensive, stitching pains in the small of the back, back and loins, which suddenly shoot through the pelvis or extend to the thighs; all sorts of congestions and spasms, such as: spasms of the bladder, stomach, and uterus, pressing on the rectum, distress in the chest, headache, buzzing in the ears, vertigo, fainting fits, palpitation of the heart, anxiety, etc. These symptoms frequently continue for months until the blood is discharged; the symptoms decrease with every new paroxysm, they are most violent when the first discharge of blood takes place. If this should not take place, the symptoms increase to the utmost violence.

§ 208. *Nux vom.* is an excellent remedy for this disease. In hæmorrhoidal colic the bladder is more or less affected, which makes the pain very distressing. The external sexual parts and the region of the bladder are spasmodically drawn inwards, the abdomen becomes more and more sensitive, denoting an inflammatory state; there is a constant urging to urinate, without ability; great anguish and restlessness, leading to a sinking of the vital forces, parti-

cularly among old people, unless speedily relieved. These symptoms are frequently relieved by a few small doses of *Nux*.

If the prostration should increase from minute to minute, *Arsenic* must be substituted for Nux, provided help is not too late.

If the colic should have lasted until an inflammatory state is developed, *Aconite* is required, which will remove the whole trouble.*

Belladonna corresponds to a constrictive, spasmodic sensation deep in the abdomen, with a hot, burning sensation, and a pressing sensation close above the pubic bones and the sacral region, becoming intolerable by motion, and inducing a sensation of extreme weakness, sensitiveness, loss of consciousness, even fainting.

Sulphur is suitable for a colic which sets in slowly, from day to day, particularly when the spasmodic colicky pains are accompanied with a sensation as though the inside of the abdomen were all raw, and the least touch causes great pain. The spasmodic contractions extend to the chest, pelvis, sexual organs, frequently alternate with cutting and stitching, and are at the same time accompanied with violent pains in the small of the back, which sometimes extend along the back as far as between the shoulders, in the shape of drawing and tensive-aching pains.

Useful remedies are: *Capsicum*, *Ferrum*, *Thuja*, *Puls.*, *Ignat.*, *Colocynth.*, *Carb. veg.*, *Phosphor.*, and others.

§ 209. *Colic depending upon local causes.*

Under this head belong those kinds of colic which attack old people, or are caused by sedentary habits, dry food, tight lacing, accumulation of fæces. This accumulation generally takes place in the colon or

* *Aconite* should be given from the commencement. Hartmann commits the same mistake as most other physicians, to suppose that spasms and inflammation are two different conditions. See my Organon.—*Hempel.*

rectum, occasions congestions of blood, and is known by a troublesome pressure and tightness deep in the abdomen, spasmodic contraction of the abdominal muscles, and the colicky pains which have already been described. It is true, the patient frequently experiences peristaltic motions in the intestines as if they would overcome the difficulty, but these lead only to antiperistaltic movements reaching up to the stomach, and giving rise to putrid or sour eructations, loathing, vomiting, and even vomiting of fæces.

Good diet and daily exercise in an open, pure air will, with *Nux*, overcome this complaint, provided the other symptoms correspond; very often *Veratrum*, *Bryon.*, *Staphys.*, *Platina*, *China*, *Bellad.*, *Cocculus*, or some other medicine, may prove more useful than Nux. If fæcal vomiting (ileus) should already have set in, *Opium* is the principal remedy, unless the symptoms should indicate *Plumbum.*

If the disease should have become very obstinate, the medicines will have to be repeated very frequently, and a great many even may have to be used. It will be difficult to cure such an obstinate complaint without the use of the antipsorics, *Sulphur*, *Calcar.*, *Silic.*, *Lycop.*, *Alum.*, and *Zincum.*

§ 210. *Colica herniosa.* This colic is not easily diagnosed. It is caused by the incarceration or strangulation of recent, or old hernia, and the pain, which at first is felt only in the region of the hernia, gradually spreads over the whole abdomen. It is always accompanied with obstinate constipation, except in the case of incomplete hernia or hernia of the omentum; sometimes, however, the fæces which are contained in the bowels below the incarceration, are still passed. The abdomen swells; the hernia, which could be replaced previously, becomes immovable, painful, swollen, tense, hot, red, and retains white pits from the pressure of the finger. Retching, vomiting, at last vomiting of fæces: fever, with small, spasmodic pulse, singultus, cold sweats, and the like,

accompany the incarceration. If the swelling becomes rose-coloured or livid, gangrene is imminent; gangrene has actually set in if the swelling retreats with a noise under the pressure of the finger; the denuded intestine is black, relaxed, or hard and liver-coloured. Incarceration may take place with every form of hernia, even internal hernia, particularly at the abdominal ring, and with intestinal hernia. It frequently exists even if no external trace of hernia is visible.

We may class here the involution of the intestines termed volvulus, intussusceptio. This is a very dangerous and acute affection. It is characterized by a continuous, violent vomiting, with obstinate constipation, no flatulence even being passed. The patient complains of violent, boring pains in the distended region, and a sensation as if the bowels were frequently tumbling amongst each other. The pain is frequently concentrated about the umbilicus, it is a sensation as if a string were tied round the umbilicus, or a violent tension. The pain finally spreads over the whole abdomen, with meteorism and excessive sensitiveness. There is painful rumbling above the incarceration. eructations, singultus, thirst, anguish, sudden prostration, quick and contracted pulse, sometimes urinary difficulties. Fever sets in on the supervention of enteritis.

§ 211. A specific remedy for this affection is *Nux vom.*, which should be given in a small dose, and, of course, before gangrene sets in. It is not advisable to try the taxis previous to the exhibition of Nux, because it increases the constriction of the muscular fibres of the intestinal canal and abdominal ring, rendering the trouble more obstinate. The medicine has to be repeated frequently, unless an improvement sets in in the first half hour. The symptoms indicating *Nux*, have been described before.

For ileus, *Nux* may likewise be tried. *Belladonna* is useful for spasm from volvulus, intussusception and

incarceration, even when fæcal vomiting is about setting in. It is preferable to *Nux* and *Opium* when the abdomen is meteoristically distended, with anguish and restlessness, spasmodic and griping pains in the abdomen and region of the bladder, and constant involuntary discharge of urine. *Plumbum* should not be forgotten for these symptoms.

§ 212. *Proctalgia* and *tenesmus.*

These affections are, generally speaking, symptoms of some more general disorder, but they are sometimes so acute that the patient fancies he has no other disease, and wishes to be freed from the local distress.

The distress must be very painful, if we consider the multitude of nerves which are ramified over the mucous membrane of the rectum. Neuralgic or other painful affections of the mucous membrane covering the sphincter ani, such as: fissures, even hæmorrhoidal tumours, are sometimes accompanied with a spasmodic contraction of the muscle, which, at first, consists of short paroxysms of painful constriction, but, if recurring frequently, may increase to a permanent contraction, and constitute a painful affection that may exercise a very pernicious influence on the general health of the patient.

Tenesmus—a constrictive pain at the anus, with sensation of urging to stool—may be excited by acrid fæcal matter (in various forms of diarrhœa, dysentery, blennorrhœa of the rectum) by an irritation produced by ascarides, by a reflex-action from the bladder or uterus; it may be present in catarrh of the bladder, vesical calculi, etc. Violent tenesmus may occasion prolapsus of the rectum.

§ 213. The treatment of these complaints is principally symptomatic. Among the following medicines the beginner will find perhaps some that not only correspond to the particular distress, but the general state of the patient.

Burning pain in the anus: The simple burning is frequently relieved by *Capsic.* and *Alum.;* when occurring at night, *Iodium;* during stool: *Terebinth;* after stool: *Antim. tart.*, *Stront.;*—burning-itching and smarting in the anus are frequently relieved by *Antim. crud.;* burning tingling, as if from worms, by *Terebinth.;* burning-cutting, pressure, and constriction during stool, by *Staphys.;* burning, itching, and tingling, by *Colchic.;* burning before, after and between stool, by *Oleander;*—itching, smarting, soreness, burning sensation, pressure in the anus, as if tumours would form, by *Acid. nitr.;* smarting and soreness in the tumours, by *Pulsat.;*—frequent creeping, with tenesmus in the anus, as if diarrhœa would set in, in the evening before going to sleep, *Platina;* for pressing, contractive sensation, with swelling of the tumours, burning-gnawing pain in the anus during soft stool, *Angustura* is frequently suitable; whereas *Acid. mur.* or *Ant. crud.* suit for swollen tumours with burning soreness, and *Magnes. artif.* for a smarting hæmorrhoidal soreness after stool, with constriction of the rectum.—*Kali carb.* relieves a stitching, tearing, and cutting, also a smarting and burning in the anus; *Plumbum* relieves a stitching and burning, also contraction, constriction, and retraction of the anus. *Ignatia* relieves the contractive sore pain in the anus as from blind piles, a few hours after stool; *Mezereum* the constriction of the anus above the protruded rectum, after stool.

For the itching of the anus, also from worms, see Vol. I., Worm fever.

For protrusion of the hæmorrhoidal tumours during stool, with burning pain, give *Calc. carb.*, unless *Colocynth.* should be indicated by the previously swollen, painful tumours.—*Sulphur*, *Lycop.*, *Nux vom.*, *Ars.*, *Natr. mur.*, deserve great attention in these affections.

Prolapsus of the rectum, occasioned by these neuralgic affections, may be treated with *Arsen.*, *Sulph.*, *Mercur.*, *Sep.*, *Dulcam.*, *Colch.*, *Ruta*, *Magnet.*, *Ignat.* and *Magnes. mur.*

§. 214. *Gastralgia, gastrodynia, cardialgia, colica ventriculi.*

This disease depends upon an increased irritation of the nerves of the stomach, inducing an abnormal contraction of the muscular fibres of that organ.

General diagnostic symptoms of cardialgia are: (*a*) Neuralgic phenomena. The region below the xiphoid cartilage, the epigastrium, and partly even the hypochondria, are the seat of the pains of various character and intensity, the paroxysms alternating with intermissions. Generally the pains are violently constrictive, twisting, turning, cutting, tearing, boring, gnawing, beating, etc.; at times dull, as if a band were strung round the body; at times so violent, that the patients bend double. The extent of the pain varies; frequently it occupies the epigastrium or only a small portion of the same, or it extends to the back, breast and scapulæ. Pressure from without frequently relieves the pain; this is the reason why the patient presses the region of the stomach against hard bodies; at other times the patient is afraid of slight contact, whereas hard pressure is always easily borne. The attacks generally last from a quarter of an hour to a full hour; sometimes a whole day; the paroxysm is the shorter the more acute it is. As the disease progresses, the paroxysms increase in intensity and frequency; sometimes they are caused by eating light food, by fatigue, emotions, a change of weather; the intermissions gradually become so short that the patient feels a pain all the time. The exacerbations generally take place in the afternoon, less at night; sometimes at certain hours of the day, and even when the stomach is empty, before breakfast.

(*b*) Sympathetic symptoms: By sympathy the patient frequently experiences a pain in the spine in the region

of the last dorsal vertebræ, extending as far as the scapulæ. The motor nerves are frequently affected sympathetically: we have distressing vomiting, not always of food, eructations, yawning, spasmodic contraction of the abdominal muscles, diaphragm, the pit of the stomach sometimes is drawn in to the vertebral column, singultus, obstinate constipation, feeling of anguish, palpitation of the heart, constriction of the fauces, aphony, urging to urinate. The stomach is sometimes distended by flatulence; towards the end of the paroxysm the patient is relieved by the vomiting of grass-green bile, or of an acrid-sour, sometimes slimy secretion from the mucous membrane of the stomach. This vomiting frequently terminates the paroxysm. The pulse is contracted and small, the skin cold. Sweat breaks out as the pains abate, the pulse rises.

Violent cardialgia may lead to sympathetic fainting, tremor, delirium, general debility, convulsions and tetanus. Cardialgia is generally without fever; appetite frequently undisturbed, the patient frequently desires salt, sour, spiced, bitter food. (Canstatt.)

VARIETIES OF CARDIALGIA:

Pyrosis, soda, ardor ventriculi, which not only occurs in the higher degrees of cardialgia, but sometimes indicates that it is about setting in. This is a burning sensation from the stomach to the mouth along the whole of the œsophagus; it is frequently accompanied with accumulation of water in the mouth, which has at times an acrid, at times a sour, corrosive taste, is frequently accompanied with nausea and discharged with vomiting. The spasm is sometimes diminished by the secretion of such a watery fluid.

A second variety is flatulent cardialgia. The gas which is accumulated in the stomach may not only occasion the attack, but be produced by the reflex-action instituted by cardialgia. The cardialgia is then accompanied with flatulence, meteorism of the epigastrium and hypochondria, tympanitic percussion sound

of the swelling, difficult breathing, great anguish, small pulse, rising of air, emission of flatulence with relief. The flatulence may be caused by indulging in flatulent, fermenting food, fruit, cider, grapes, etc.

A third variety is, according to Canstatt, neuralgia coeliaca, of which mention has been made above.

§ 215. Many authors designate by the term gastrodynia a rather aching, continuous pain (Hufeland), by the term cardialgia a constrictive pain in the stomach causing anxiety; by pyrosis is understood a lighter degree, or rather a mere symptom of the disease. This division has no practical value. It is more useful to distinguish an idiopathic and symptomatic cardialgia; by the former we mean a primary affection of the stomach, and by the latter we understand an affection depending upon other pathological states, such as: indurations of the liver, affections of the spleen, kidneys, etc.

A predisposition for this disease is frequently hereditary. It is more frequent among women than men, and is principally met among individuals with irritable nerves, weakly, hysteric, chlorotic subjects, and individuals disposed to spasms, particularly at the menstrual period, at the critical age, by weak digestion, abuse of cathartics, improper use of the hydropathic treatment, abuse of coffee and tea. The reason why the excessive use of coffee predisposes women to this disease more than men, is this, that women are more confined to their houses and have not the same opportunities that men have to dispel the pernicious effects of coffee by active business, and exercise in the open air. Literary men who lead a sedentary life and use much coffee, are, for the same reason, likewise subject to that disease. It occurs most frequently between the ages of 20 and 50, rarely before the age of pubescence.

Exciting causes: Emotions, a cold, suppression of foot-sweat and habitual discharges of blood, and particularly suppression of cutaneous eruptions. Taking cold on the stomach while the body is heated, is one of the principal causes of cardialgia, particularly

among debilitated, irritable individuals, in whom the disease can easily be excited by sour food, sour wine, beer, fruit, fat pastry, meat. The disease may likewise depend upon organic affections of the stomach and of neighbouring organs.

Prognosis: Cardialgia depending upon organic diseases, is scarcely ever curable; relief is all that the patient can hope for.

§ 216. The following remedies have been found particularly useful: *Nux vom.*, *Cham.*, *Bellad.*, *Cocc.*, *Ipecac.*, *Stann.*, *Staphys.*, *Plat.*, *Con.*, *Bryon.*, *Pulsat.*, *Arg. nit.*, *Ignat.*, *Chin.*, *Hyoscyam.*, *Bismuth.*, *Arsen.*, *Plumb.*, *Argilla*, *Carb. veg. and anim.*, *Calc. carb.*, *Caust.*, *Natr. carb. and mur.*, *Sep.*, *Baryt. carb.*, *Lycop.*, *Phosphor.*, *Nitrum.*

Nux vom. and *Chamomilla* are specifics for cardialgia caused by the abuse of coffee.* *Nux* is likewise useful for cardialgia caused by suppressed eruptions, even after years, and by long abuse of spirituous drinks. This cardialgia of drunkards is at first frequently a mere vomiting, known as vomitus potatorum. It is indicated for heart-burn, for sanguineous and hysteric cardialgia.

The principal symptoms for which *Nux* is indicated are: Contraction, pressure, crampy sensation, griping, spasm, sensation as if the clothes oppressed the region of the stomach, or as if flatulence were incarcerated in the region of the hypochondria; this sensation, and the pain in the stomach, are generally increased by taking food or coffee, and is very often accompanied with an oppression and constriction of the chest which spreads even as far as the inter-scapular region and small of the back, or causes a sensation as if a band were tied round the chest. Early pains which rouse the patient from sleep, are characteristic of *Nux*. It is likewise indicated by the following sympathetic symptoms: Nausea, particularly during the attack,

* See my pamphlet on the use of *Nux. vom.* in the treatment of disease, Leipsic.

accumulation of water in the mouth, gulping up of a sour, bitter fluid, with or without heart-burn, vomiting of mucus or of the ingesta, empty retching, palpitation of the heart with anxiety, sour, putrid taste in the mouth, constipation, flatulent distention of the abdomen, hemicrania or aching pain in the forehead. *Nux* is likewise indicated when the attack sets in at the time of the catamenia, in females who menstruate profusely.

The more delicate the patient, the smaller the dose; and vice versa, the more robust the patient, the larger the dose. I have never given lower than the third attenuation, and never hesitate to repeat the dose.

Chamomilla is suitable for persons with irritable nerves and easily excited by anger. It is indicated by a hard pain in the pit of the stomach as from a stone, also under the left short ribs. This pain is always attended with shortness of breath and anxiety, is worse at night, so that the patient has to toss about his bed in agony; it is frequently accompanied with a throbbing pain on the vertex which the patient supposes can be relieved by getting up from bed. He feels relieved during rest, and by bending double. The pain is generally relieved by coffee, whereas it is aggravated when *Nux* is to be given. *Chamomilla* will therefore be found useful for cardialgia induced by abuse of coffee, for which *Nux* alone would not be sufficient. Cardialgia caused by abuse of chamomile-tea, can be relieved by *Ignatia*, *Pulsat.* and *Coffea cruda*, the latter medicine when the pains seem to be intolerable and the patient is very nervous. Cardialgia caused by the abuse of both chamomile tea and coffee, yields to *Nux*, though *Ignat.* or *Pulsat.* may sometimes be required in conjunction with *Nux*.

The dose of *Chamomilla* is from the first to the sixth att., and to be repeated.

Belladonna may be tried in cases for which *Chamomilla* seemed to be indicated, but had no effect. *Belladonna* can scarcely ever be given at the commencement of an attack; it is suitable for females with irri-

table nerves, and is particularly indicated by the following symptoms. Gnawing pressure, spasmodic tensive pain in the pit and region of the stomach, obliging the patient to bend backwards for relief or to arrest the breath; the violent pain induces loss of consciousness or even fainting, or it recurs during dinner. *Hyosciamus* and *viola odorata* deserve consideration when these symptoms occur, particularly in cardialgia hysterica. *Bellad.* is somewhat more indicated by slow stool, sleeplessness, increased thirst, with aggravation of the pain afterwards.

Cocculus: I never gave it at the commencement of a paroxysm, but always after *Nux* when this medicine relieved the attack, but did not prevent its recurrence. *Cocculus* acts well when constipation or costiveness is present, never when there is diarrhœa. It suits persons with taciturn, peevish dispositions, and is characteristically indicated when the attack is accompanied by a pressing constrictive pain over the whole abdomen relieved by emission of flatulence, or by nausea and accumulation of water in the mouth; heartburn is never present.

Ipecacuanha is indicated by nausea, retching, vomiting of quantities of mucus attended with dull stitches in the pit of the stomach and great distress in that organ.

Pulsatilla suits individuals with quiet, sensitive, kindly dispositions, and is indicated by stitching pains in the stomach aggravated by making a wrong step and attended with nausea; also by liquid stools, vomiting during the attack, absence of thirst except when the pains are very violent; violent tension and crampy pain in the pit and region of the stomach; throbbing and sensation of anxiety in these parts, or griping and pinching which is relieved by eating. *Pulsatilla* is likewise indicated by the opposite symptom, when the pains are aggravated by eating and change to a pressure and pinching, or are excited by the use of pastry and fat meat.

Ignatia is sometimes useful after or alternately with

Pulsatilla. It is more suitable, however, when there is less vomiting and costiveness rather than diarrhœa. The stitching sensation is a characteristic indication for *Ignatia*, though it is not counter-indicated by a sensation of pressure in the region of the pyloric orifice, aggravated or excited by eating. It is an excellent remedy when the disease was brought on by starvation, care, grief.

These three last-named medicines relieve cardialgia caused by the abuse of chamomile-tea, or by anger, particularly when *Chamomilla* is found insufficient. In this case *Colocynthis* is likewise useful, particularly, however, when the attack was caused by indignation, or inward mortification on account of insulting treatment; the distress is a hard pressure as from a stone, particularly after eating, with sensation of hunger, and pain in the pit of the stomach when touching it; frequently attended with vomiting of the ingesta, without previous nausea, small, diarrhœic greenish-yellow stools and colicky pains.

Hyoscyamus. The attack occurs at any time during the day; it does not depend upon eating or drinking; it is a vague distress in the pit of the stomach, which is painful to the touch; it frequently sets in during the night, with violent sweat, and occurs every time the patient takes cold by placing the hands in cold water.

Bismuth. Mild form of cardialgia, pressure shortly after a meal, with nausea as if the patient would vomit. I use the second to fourth att.

Platina. Especially suitable to females when the attack occurs at the time of the profusely flowing menses. It is a pressure in the pit of the stomach after a meal, with sensitiveness to contact and constrictive sensation; these symptoms are generally attended with qualmishness, succeeded by great languor.

China. The cardialgia is occasioned by debility induced by great loss of animal fluids. It is useful for flatulent cardialgia and pyrosis caused by abuse

of cathartics and emetics, by bloodletting, hæmorrhage, excessive loss of the seminal fluid, galactirrhœa, exhausting sweats; these causes induce debility, bad digestion, a bilious, acrid or sour state of the intestinal canal, with soreness in the stomach, bloatedness and pressure after every meal, etc., so that the patient feels much better during rest and without food than with it. *China* corresponds particularly to the continuous violent attacks of cardialgia attended with repletion, oppression and anxiety, aching pain, heartburn, accumulation of water in the mouth, and empty retching.

Staphysagria: Painful pressure with tension and crampy feeling in the pit of the stomach, taking away the breath when increasing, relieved by bending forward; it is sometimes accompanied with a digging pain.

Stannum. This remedy cured cardialgia which would not yield to any of the above-mentioned remedies; I used repeated doses of the sixth trituration. The pain was a griping and kneading pain, extending to the umbilical region; the region of the stomach was very sensitive to the touch; tension, pressure, shortness of breath, anxiety and nausea were present. *Stannum* acted particularly well, when a chronic diarrhœa, frequent and bitter eructations, a sensation of fulness and distention, with hunger, were present.

Argentum nitricum chrystallisatum is an excellent remedy for violent cardialgia. I have only used it for females with irregular menses, generally too early and too profuse, with debilitated bodies and very irritable nerves; the violent spasmodic pains in the stomach, obliging the patients to bend double, had no regular intermissions; they appeared at any period of the day, early, afternoon, evening or night, always attended with violent retching and discharge of an acrid, sour yellow-greenish tenacious mucus, bitter as bile. This group of symptoms was removed very speedily.

Cases which required a longer use of *Argent. nitr.*

were likewise more or less depending upon irregular menses, but likewise upon more or less flowing piles, particularly among females that had borne children; the pain was a burning, heat, uneasiness in the pit of the stomach, contractive rising from the pit of the stomach to the throat, nausea, eructations, loss of appetite, whereas the appetite remained unchanged in the former variety. Stool was generally regular, but irregular stool was no counter-indication to *Argentum nitr.*

I used the first to third tritur., decimal scale. The lighter attacks yielded to five or six doses, three a day, in water; the latter variety required a longer use of the medicine.

Bryonia is useful in the lighter cases of cardialgia characterized by pressure in the pit of the stomach during or after a meal, and by a sensation of swelling in the pit and region of the stomach. This pressure sometimes increases to a contractive pinching or cutting, and is relieved or even removed by pressure on the stomach, which brings on frequent eructations.

In describing the symptoms which indicate the particular remedies for cardialgia, I have confined myself to those that are characteristic of the primary disease, leaving out the secondary symptoms as being too various to admit of a minute description. But if the disease be really cardialgia, one of the above-mentioned remedies will most probably be found indicated by the secondary or sympathetic symptoms, for which I refer the reader to the Materia Medica Pura. Bryonia, for instance, is indicated when the symptoms of cardialgia are accompanied by a pressing, aching pain in the temples or in the forehead or even in the occiput, as if the skull would be pressed asunder; this pain can be relieved by external counter-pressure; also by costiveness, or by aggravation of the pains during motion and amelioration during rest.

Allœopathic physicians frequently reproach the homœopaths with not being able to cure disorganizations of single organs. These reproaches are un-

founded, for such disorganizations can be and have been cured, provided the general debility of the particular organ and the general organism had not become excessive. For the homœopathic agent, having a specific curative relation to the affected organ, must necessarily reduce and finally remove the disorganization in proportion as the pain is diminished. I am confident that the many cases of gastromalacia and cancer of the stomach which occur now-a-days, would not have developed themselves, if the primitive affection, a simple cardialgia perhaps, had been met from the commencement by appropriate specific remedies instead of the round-about destructive allœopathic drugs. But even where homœopathy is unable to cure, it is almost always able to procure relief.

§. 217. *Scirrhus et carcinoma ventriculi; gastrostenosis cardiaca et pylorica. Induration and cancer of the stomach.*

Precursory symptoms of cancer of the stomach: They frequently exist for years; the digestion is exceedingly difficult, the nourishment which the patient takes troubles him during the whole period of the digestion; he complains of a dull pain, heaviness, tension in the epigastrium, flatulence; sometimes of heartburn, desire to vomit, vomiting of water; generally early in the morning before breakfast a watery, slimy, thready fluid rises into the mouth, sometimes in considerable quantity, after which the remainder of the day is passed in tolerable ease. At last vomiting takes place one, two or several hours after a meal, which, however, can be avoided, provided the patient takes such food as agrees with him; the vomiting returns, however, after the least excess, though this likewise takes place when the degeneration of the stomach is pretty far advanced.

Symptoms of fully developed scirrhus of the stomach: Hardness and swelling in the epigastrium, in the right hypochondrium, or at some place which corresponds

to the situation of the disorganized stomach; this disorganization can be felt, sometimes even seen; it is circumscribed, and its extent varies. The swelling has various forms, is at times movable, at others immovable, and interwoven with the neighbouring parts. Gradually the vomiting becomes habitual, it takes place two, three or four hours after a meal, or at last even before breakfast; the latter vomiting is characteristic of cancer of the stomach, the substance which is thrown up being blackish, chocolate-coloured, or like soot or the sediment of coffee, or even pure blood.

The difficulty of digestion now reaches the highest pitch. The patient at last dreads taking the least nourishment, because it induces vomiting preceded by dreadful distress, anguish even unto fainting, and agonizing pains in the stomach. A constant distress frequently deprives the patient of all rest. Obstinate constipation; appetite feeble or quite extinct; great thirst; scanty secretion of urine; skin dry, like parchment.—The patient is reduced to a mere skeleton; dropsical symptoms set in; an expression of pain is visible in the sunken, emaciated countenance; the eyes are dull and sunken; the formerly livid complexion changes to a dingy-yellow, yellow-green (carcinomatous habit). The changes in the vascular system frequently are not perceived until shortly before death, the pulse becomes feeble, small and irregular. The patient feels sad and desponding.

These symptoms may vary more or less, as in all other diseases: the swelling, for instance, is not perceptible when the schirrous degeneration is seated in the cavity of the stomach. or in the lesser curvature of that organ. The vomiting varies likewise in regard to time, quality and quantity of the substance which is thrown up; the same remark applies to the stool, digestive derangement and the pain. (Canstatt.)

§ 218. Cancer of the stomach generally runs a course of several years, and terminates fatally, unless

the disease should have been arrested in the percursory stage.

Etiology: The disease occurs most frequently between the ages of 60 and 70, and between 40 and 50; it is met more frequently among men than women, probably because, among the latter, the mammæ and uterus are chiefly invaded by carcinoma. An hereditary disposition is supposed to exist by some, it is likewise occasioned by endemic influences, by a particular mode of life; the excessive use of green cider, for instance, or of sour wine, cider, etc., is a great predisposing cause for cancer. Inveterate drunkards are subject to cancer; the excessive use of spirits before breakfast, accompanied with depressing emotions, grief, care, occasion the disease. It may likewise be occasioned by abuse of acids, heating drinks, coffee, tea, emotions of various kinds, sedentary habits, long fasting, misery, bad food, abuse of cathartics and emetics, various poisons, lead, abuse of salt, suppression of fever and ague, hæmorrhage, chronic cutaneous eruptions, etc.

Prognosis: very unfavourable.

§ 219. If we should suspect the existence of cancer, the patient must avoid all abuse of spirits, and must not be allowed to indulge in tonics, etc., for which he frequently manifests a great desire and which aggravate the disease even in the first period; the patient must likewise be kept in good spirits, and must have proper food and drink. In regard to medicine, I will first mention *Nux vom.* and *Arsenic.* The particular indications for *Nux* have been furnished in § 216, and I have only to add, that it is a valuable remedy in callositas ventriculi, provided the symptoms correspond.

The burning, corrosive and gnawing pain in the pit and region of the stomach, which is generally present in cancer of that organ, points to *Arsenic.* This medicine is indicated by the following symptoms: Oppressive anguish, tightness and distention in the pit of the stomach and under the left short ribs, cutting

and tearing pain alternating with the above-mentioned burning and corrosive pain, aggravation of the pain after a meal and after midnight attended with extreme prostration, vomiting of food and mucus, which is frequently so distressing that it induces fainting. *Mezereum* and *Plumbum* are likewise indicated by this group of symptoms.

Mezereum is indicated by a burning-corrosive pain in the stomach, and as if the internal surface of the stomach were sore; sensation as if the food remained for a long time undigested in the stomach, and occasioned a pressure; bloody vomiting frequently takes place, and the patient is very sad. These symptoms may likewise characterize a chronic gastritis.

Plumbum is an admirable medicine for cancer of the stomach. It has: vomiting without relief, obstinate constipation; the substance which is vomited up is like verdigris, blackish, bilious, bitter, and the paroxysms of burning constrictive pains in the stomach are excessively violent, and attended with præcordial anguish, anxious and cold sweat.

Latterly *Verat.*, *Carb. anim.*, *Con.*, and *Lycopod.* have been employed for cancer of the stomach. The last-named is particularly useful, especially in induration of the stomach. *Carbo animalis* is likewise useful in this disease, as well as in very obstinate cardialgia characterized by griping in the stomach, and flatulent distention of the abdomen. *Veratrum* is indicated by occasional turns of blackish vomiting, as of black bile and blood.

In two cases occasioned by a violent kick on the region of the stomach, I have seen good effects from *Conium.*

Phosphorus, from 6 to 8 doses, cures a species of induration or constriction of the cardiac orifice, with twisting, constrictive pains in the region of the stomach, and vomiting of a clear, sourish fluid towards evening and sometimes at night, sour eructations with regurgitation of the ingesta.

§ 220. *Continuation of the homœopathic treatment of cardialgia.*

Since the discovery of the antipsorics, we cure a great many cases of cardialgia that could not be cured before. *Carbo animalis* and *veget.* frequently complete a cure when *Nux vom.* had but a temporary effect. *Carbo veg.* is indicated by a burning sensation in the stomach, (hence it may be of use in the treatment of the above-mentioned disorganizations of the stomach), by a continuous, painful pressure in the region of the stomach with anxiety, aggravated by contact; by a contractive, spasmodic sensation in the stomach obliging the patient to bend double, arresting the breathing, and worse when lying down, attended with a kind of heartburn, nausea, loathing even when merely thinking of food, constipation. *Carbo animalis* is indicated when the patient, after a slight meal, complains of fulness, malaise, feeling of coldness in the stomach, the latter symptom being relieved by laying the hand on the stomach, after which the other symptoms get likewise better. I have always employed *Nitrum* with success when the patient complained of a burning pain in the stomach with violent stitches; after the paroxysm was over, the patient complained of a sensation as if ice were in the stomach, the pit of the stomach being at the same time sensitive to the touch. *Carbo anim.* cures a state of debility of the stomach where every thing the patient eats, distresses him.

Calcarea carbonica: Indicated by cutting, compressive, or spasmodic, or pinching-choking pains, attended with a sensation of anxiety. It is likewise excellent for weak digestion, together with *Graphites.*

Graphites is likewise suitable for a wrenching and griping in the stomach, disappearing after a meal, and generally attended with nausea, and accumulation of water in the mouth.

Nitric acid is suitable for cardialgia accompanied with diarrhœa, or when the patients had been syphilitic and had been treated with Mercury. Principal

symptom: spasmodic wrenching in the stomach and pit of the stomach, which ascends into the chest and oppresses the breathing.

Castoreum: bitter-sour regurgitations with loathing, after a meal; sickness at the stomach, with ptyalism, tightness and weight in the stomach, with contractive pain under the sternum and ulcerative pain in the pit of the stomach, flatulent distention of the abdomen, urgings to stool are generally present; the stool is hard.

Baryta carb. suits scrofulous subjects. It is indicated by the following symptoms: the patient is easily satiated, great fulness after a slight meal, pressure and weight in the stomach, with externally perceptible hardness close under the stomach. It may be used for disorganizations of that organ.

Sepia suits delicate, nervous females with fine skin and liable to get angry, or who have deranged their nervous system by onanism. Symptoms: oppression and weight, with cramp in the stomach; sour eructations, indifference to life, frequent turns of nausea, ineffectual urging to stool, or hard stool.

Lobelia inflata may be tried for a pressing-constrictive sensation in the stomach and pit of the stomach after a meal, particularly after supper, extending to the back and inter-scapular region, and attended with bilious vomiting, oppression and anguish in the chest and pain in the small of the back.

Natrum carb. and *muriatum.* The latter for a contractive cramp in the stomach, commencing after dinner and continuing until evening, attended with feeling of coldness in the back and stomach.

Alumina is useful when the cardialgia is attended with constipation.

§ 221. *Gastromalacia; malanis ventriculi, gastrobrosis* (Alibert), *perforatio ventriculi spontanea* (Gérard); *softening of the stomach.*

Though no neuralgic disease, yet I mention this disease here, in order not to separate it from the affec-

tions of the stomach generally. A greater or lesser softening of the membranes of the stomach always precedes the formation of ulcers and the suppurative process such as take place in the stomach in tuberculous and carcinomatous formations. This is another reason why I should be excused for treating of this affection in this place.

The disease is principally observed among children of from a few weeks to two years old. Omitting the anatomical characteristics, I at once proceed to describe the

Symptoms. The disease scarcely ever appears under the same form. At times it is like cholera, at times like a gastritis of full-grown persons, at others again like a hydrocephalatous fever, or like a slow nervous typhus. Sometimes the disease breaks out suddenly without any precursory symptoms, with violent fever, the children are restless, scream a good deal, the pulse is quick and their thirst can scarcely be quenched; the abdomen is distended, the region of the stomach is hot to the touch, painful to pressure which may be inferred from the fact that the children draw the lower limbs up to the abdomen; repeated and frequently continual vomiting of a greenish-slimy, sour-smelling fluid, accompanied with frequent discharges of watery, green, acrid, sour-smelling stools; breathing oppressed, dry cough; breath and skin are cool; extremely rapid collapse of the features, and emaciation; the screams gradually change to mere moaning; stupor sets in, convulsions and death.—If the affection should be less acute, it has the following symptoms: The children lose their appetite, they are peevish, low-spirited, suffer frequently with eructations, aphthæ, obstinate diarrhœa, vomiting; their sleep is restless and they look pale and suffering. When the fever appears, the diarrhœa and fever become more obstinate and frequent, the discharges consisting of a watery mucus, with putrid odor, and sometimes mixed up with gray-green filaments and flocks; the abdomen becomes distended, the head

and extremities become cold, whilst the remainder of the body is hot, and the abdomen even burning-hot to the touch; rapid emaciation, particularly about the neck. The head-symptoms are very striking, the children are in a constant sopor, half stupified, but can easily be roused (agrypnocoma).

Etiology: infantile age, dentition, atmospheric causes, late-summer and spring when gastric diseases and intermittent fevers prevail, swallowing corrosive saliva as is secreted in stomacace, angina gangrænosa or aphthæ. According to Rokitansky, the disease is frequently traceable to a disease of the brain, particularly hypertrophy of the brain or hydrocephalus.

Prognosis: More favourable than would at first sight appear; only the physician must not be scared by the idea of gastromalacia, and boldly prescribe his remedies in accordance with the symptoms.

§ 222. *Treatment.* Many symptoms characterizing the precursory stage of this disease, and being very frequently underrated by physicians, are so much like a gastric disease, that the remedies indicated for gastric affections may be used here (see vol. I.). A few remedies which seem to have a more specific relation to the disease, will, however, be mentioned. If the disease should commence with a diarrhœa, as is frequently the case, and if this should threaten to become habitual, a few drops of *Calc. acet.* daily, will be found eminently useful, being at the same time an excellent remedy for troublesome dentition and scrophulosis; *Calc. carb.* does not seem to have the same penetrating effect in this disease. *Acidum phosphoricum* is preferable to Calc. acet., when the diarrhœa has become habitual and the central organ of the abdominal system of nerves seems to be more deeply invaded.

If the first symptoms should point to a febris hydrocephalica, the ineffectual exhibition of *Belladonna, Acon., Bryon.,* will soon reveal the mistake.

If the disease should resemble cholera, suitable remedies have to be administered.

Tartarus emeticus is an excellent remedy for this disease, particularly when the above described agrypnocoma sets in. It surpasses both *Arsen.* and *Veratrum.* These last named remedies may, however, likewise be very useful in gastromalacia; perhaps they were never given in adequate doses, an error which is committed by all who believe that the dose is the only saving principle in homœopathy.

According to Dr. Arnold, *Kreasotum* is the principal remedy for gastromalacia; he uses it in the first tritur.; some use it in the sixth att. He says that the symptoms soon abate and finally disappear, except the emaciation, which requires a longer time.

§ 223. *Spasmus vesicæ, cystodynia, cystalgia, cystospasmus, spasm of the bladder.*

Spasm of the bladder is very frequently a symptom belonging to some more general affection; but it likewise occurs as a primary functional derangement. It is with the latter that we shall occupy ourselves here.

Symptoms of a spasm of the bladder are: Violent constrictive pain commencing at the neck of the bladder, extending along the dorsum of the penis towards the forepart, with more or less perfect painful erection, sometimes radiating to the groins, testicles and thighs, and even along the perinæum towards the anus, attended with a pain like tenesmus. This pain generally lasts a few minutes, at most a quarter of an hour, or half an hour, after which it subsides entirely. It is accompanied with a painful, ineffectual urging to urinate. If the spasm invades the neck of the bladder, it is attended with spastic ischuria; if it should become seated in the detrusor urinæ muscle, the urine is sometimes expelled with force, or it flows out in drops; in the latter case enuresis spastica takes place. When the spasm subsides, a full stream is sometimes emitted, the urine being clear, and even paler than usual. In feeble nervous individuals a violent spasm is attended with anguish, restlessness,

trembling, nervous paroxysms, cold sweat, small, contracted pulse, vomiting.

Etiology. The disease may attack either sex, and every age; it is most frequent among middle-aged persons. Nervous, hypochondriac, hysteric individuals are subject to the disease. *Exciting causes*: emotions, anger, chagrin, mental efforts, irritation of the uropoëtic or genital system by cantharides, diuretics, new wine, beer, excessive embraces, sitting on a damp, cold floor, etc.

§ 224. *Treatment.* If possible, the exciting cause should be removed or counteracted. If the spasm be caused by cantharides or by the linseed-emulsions which are so frequently used in gonorrhœa, *Camphor* is the proper remedy. I always use this medicine when the pain is so great that the patient is unable to explain himself.

Cantharides may be given when the spasm is attended with enuresis spastica. Of course, the disease must not have been caused by that agent. The patient wanders from one place to another, complaining of cutting, and a contractive pressing pain along the ureters toward the lower part of the bladder; sometimes there is a fleeting-tearing pain in the neck of the bladder, all of which painful sensations the patient endeavours to moderate by compressing the glans; sometimes, after the urine ceases to be discharged in drops, a full stream of urine flows out with relief or even an entire abatement of the spasm; the urine was, in such cases, scarcely ever found by me of a purely spastic nature; generally turbid, or with a white-slimy sediment, particularly at night.

Sassaparilla is, according to my experience, useful only when the spasm depends upon the presence of urinary calculi; the patient complains of a painful pressing burning, and a quantity of pale urine is discharged.

Pulsatilla suits females rather than men: the disease occurs after the use of sulphur-water, or from

taking cold by exposing the feet: the pain is intense, continuous, the urine is discharged in drops.

Colchicum and *Dulcamara* are likewise useful when the spasm is caused by a cold. I am unable to indicate the particular symptoms.

I will also mention *Lycopod.*, *Acid. phosphor.*, *Sepia* and *Terebinthina.**

NINETEENTH CLASS.

§ 225. *Neuroses.*

Their physiological character according to Schœnlein: 1. The morbid process always takes place in the peripheral nerves. 2. Every neurosis consists of a series of irregular paroxysms, without regular intermissions; the moon has a great influence on these affections, the paroxysms of many forms of neurosis are more violent at certain quarters of the moon. 3. The irritation in the peripheral system of nerves is continued, during the paroxysms, to the central organ, particularly the spinal marrow and brain, though the continuation is sometimes perceived only at the extremities of the affected nerve; it is distinctly perceptible in an attack of peripheral epilepsy, at first slight spasms, afterwards convulsions, finally the brain is affected and loss of conciousness takes place. The sensation indicating the continuation, varies; for instance, sensation of a passing wind; of formication, of an electric stroke, of a flame, etc.; in an hysteric attack, the patient feels as though a ball were rolling up from the uterus with a constrictive sensation; in other cases the distress is felt only at the commencement and end of the time, in the uterus and in the head (clavus hystericus). The central portions of the

* And *Aconite*, the grand antispasmodic of homœopathy? Why omit *Aconite?—Hempel.*

nervous system being not always invaded, this leads to a classification of neurosis in higher and lower forms; to the former belongs epilepsy, to the latter tussis convulsiva. 4. The single paroxysms are characterized by spasms and convulsions. 5. During the attack the normal function of the irritated nerve is either altered or suppressed, in hysteria for instance, where the smell of burnt feathers, of Assa fœtida, etc. appears agreeable, that of a rose, on the contrary, disagreeable.

No decisive anatomical change is observed either in the peripheral or central portions of the nervous system; I therefore omit making any particular mention of those changes.

Etiology: Age; abdominal epilepsy, for instance, attacks youth, and is not observed among old people; asthma affects generally people of a certain age, hysteria takes place at the age of pubescence, etc.—Sex.—External causes: Emotions, gout, irritants such as splinters, contusions, sore fingers, worms. Nervous diseases may likewise be transmitted by the eye or ear; epilepsy, for instance, is frequently communicated by seeing an epileptic attack, or by hearing epilepsy or mania spoken of with warmth. A material contagium exists only in whooping-cough, if anywhere.

Prognosis: Some forms of neurosis, such as hysteria, are not dangerous; eclampsia is very dangerous. If the attack depend upon a material cause which can be removed, the prognosis is more favourable; or if the attack should have been caused by a momentary noxious influence, the prognosis is likewise more favourable; the prognosis depends likewise upon the manner in which the disease develops itself, and upon the importance of the irritated portion of the nervous system, upon the frequency and violence of the paroxysms, upon the supervention of other dangerous symptoms and the termination in some other disease.

Treatment: We will speak of the treatment of each species of neurosis in particular.

§. 226. *Neuroses of the nerves of the thorax.*

TUSSIS CONVULSIVA, PERTUSSIS, WHOOPING-COUGH.

Every epidemic disease is, properly speaking, acute; we call it chronic when it divests itself of the febrile symptoms, runs a long course, calls up ailments which had so far remained latent in the organism and unites itself with them; whooping-cough belongs to this class of diseases.

In whooping-cough we distinguish three stages: the precursory or catarrhal stage, the convulsive or nervous, and the critical or secretive stage.

First stage. It commences with catarrhal symptoms. sometimes catarrhal-gastric; these symptoms frequently resemble the precursory symptoms of an exanthematic fever. The patients complain of tickling in the trachea, particularly under the sternum, occasioning a dry, peculiarly hollow cough with a metallic sound, characterized even at this stage by more or less periodical paroxysms. It is frequently accompanied with angina, slight inflammation of the organs of deglutition, hoarseness, sneezing, lachrymation, sensitiveness of the eyes to light, chilliness, languor; the child is peevish, restless, feverish; the fever is erethic, comes on towards evening, with coated tongue, hurried pulse, hot and dry skin; towards morning the patient perspires, the urine exhibits a sediment, and the symptoms intermit, sometimes completely. If the fever should increase to a synocha, the chest frequently exhibits inflammatory symptoms to be diagnosed by percussion and auscultation and by the blood-streaked expectoration. This stage having lasted from 3 to 21 days, it gradually passes over into the

Second stage. This stage is characterized by the paroxysmal cough, which one need but hear once to recognise it again immediately. Previous to a paroxysm the patient generally becomes restless, and endeavours to support himself by holding on to something, impelled by anguish, dull pain, pressure under

the sternum in the region where the diaphragm is inserted, in the pit of the stomach; children breathe more rapidly, anxiously, irregularly, weep, or start up from sleep, seat themselves suddenly in an erect posture, stooping forward. The cough consists of short, irregular, violent expirations in rapid succession, interrupted by short or long, imperfect attempts at inspiration, accompanied with a peculiar whizzing sound resembling the bray of an ass; during this time the glottis is spasmodically closed, which may be easily inferred from the fact that, on applying the ear to the chest, no respiratory murmur is heard, but a sonorous whizzing which is formed in the half-closed glottis and extends down to the bifurcation of the trachea; shortly before and after the paroxysm the respiration is frequently puerile. During these phenomena all the muscles of the respiratory organs are spasmodically convulsed, the face becomes purple-red or blue, swollen, the eyes become red and seem to start from their sockets, the veins of the neck swell up; blood is frequently discharged from the nose, mouth, ears and bronchi, and ecchymosed blood is seen in the conjunctiva; face and neck are covered with a cold sweat, the pulse is suppressed. In from three to ten minutes the paroxysm generally terminates with vomiting a quantity of colourless, viscid mucus being discharged together with the contents of the stomach. After a violent paroxysm, the patient sometimes falls asleep from exhaustion. Generally, however, he feels well again immediately after the cessation of the paroxysm, wants to eat, or returns to his play; physical changes in the respiratory organs are seldom seen, except sometimes a puerile respiration with rhonchus. The paroxysms are not regular; they amount from 3 or 4 to 40 or 50 within the 24 hours. They gradually decrease in number and intensity. This second stage lasts from 4 to 8 weeks.

In the *third stage* the paroxysms decrease more and more, the convulsive phenomena disappear, the respiration ceases to be whizzing, the cough becomes

moist, and the patients, at the termination of the short paroxysms, discharge a viscid, thick, greenish sputa. with noise in the bronchi, and affording great relief.—Relapses may occur in this stage, which scarcely ever lasts more than from 3 to 4 weeks.

Whooping-cough is liable to complications with other diseases, particularly with bronchitis and pneumonia, also with congestion of the brain and cerebral membranes, gastric and intestinal irritations with remittent fever, pleuritis, pericarditis, croup, angina.

Etiology: Whooping-cough occurs most frequently before the seventh year, less frequently between the 7th and 14th, and least frequently among adults; it is sometimes epidemic, but may occur in every season; it is rather contagious than miasmatic; it likewise occurs sporadically.

Prognosis: Not unfavourable; whooping-cough is a slow and distressing, but not dangerous complaint. The prognosis depends upon age, constitution, complications, duration of the convulsive stage, etc.

§ 227. *Treatment:* It is quite easy when the patients are perfectly free from all scrofulous taint. Scrofulous children require to be treated with the antipsorics. *Drosera* is ineffectual in the case of scrofulous patients. In epidemic whooping-cough I have found *Drosera* sufficient in most cases. Different remedies, however, may be required by different forms of whooping-cough. The great point is to notice the characteristic symptoms of the cough and to prescribe a remedy in accordance with the symptoms. This accounts for the fact that epidemic whooping-cough has been successfully treated with different remedies by different practitioners.

The catarrhal stage may require one of the remedies mentioned vol. i. §§ 29, etc. and §§ 194, etc. The patient should be kept in the room, in the same temperature; he should be protected from changes of weather, cold, etc., and should use slimy drinks, gruel, slippery elm, etc. If the catarrhal stage should have been induced by a cold, and the cough should

be moist and loose, with slight hoarseness, *Dulcamara* will be found useful. *Pulsatilla* likewise corresponds to these symptoms, particularly when vomiting is apt to set in, in which case *Ipecacuanha* should not be left out of consideration.

Aconite should be given when febrile motions are present and the dry cough is excited by a burning-stinging pain in the larynx increased by coughing (the child grasps at that spot with the hand). The remaining cough may then be treated with alternate doses of *China* and *Belladonna*, which may even be followed by *Ledum*. By this treatment the cough is not always stopped, but rendered loose and mild.

In many cases the catarrhal stage is removed by *Chamomilla*, particularly when the constant irritation in the region of the larynx, inducing a dry cough, is accompanied by a crampy sensation, or when the cough is excited by a titillation under the sternum in the upper part of the chest; *Chamomilla* is not counter-indicated by a burning sensation in the larynx and a painful soreness at the spot where a little phlegm is detached after a long paroxysm of distressing cough. The dry, spasmodic cough is sometimes accompanied with retching and vomiting impeding the breathing; the patient's face turns blue, and he is tortured with anguish; *Nux vom.* relieves the vomiting, and generally requires *Pulsatilla* after it. If the cough should remain dry and spasmodic, without the wheezing, *Ignat.*, *Ipec.*, *Hyosciam.*, *Bellad.*, *Conium*, are excellent remedies.

In the second stage, *Drosera* is a specific remedy, particularly in epidemic whooping-cough. Symptoms: Rapid succession of single turns of cough during a paroxysm, causing danger of suffocation; titillation in the larynx which rouses the child from sleep particularly after midnight, and causes a rapid succession of paroxysms; discharge of blood from mouth and nose; the cough is easily excited by laughing, singing, weeping, and emotions.

Cina is likewise an excellent remedy in the second stage, particularly when the cough is complicated with gastric symptoms and the child had been troubled with phlegm in the stomach and intestinal canal, weak digestion, anorexia, worms, etc. some time before the outbreak of the disease; it is likewise suitable to scrofulous children, or when the paroxysm is caused by a sudden spasmodic contraction of the larynx, accompanied with a general rigidity of the whole body, loss of consciousness and staring look.

Belladonna will seldom be found useful in the convulsive stage, when the periodical intermissions of the inspirations during the paroxysms are present. Belladonna is counter-indicated by the phenomena characterizing the second stage; it is otherwise indicated by a dry cough accompanied with a spasmodic contraction of the larynx, and preceded by weeping and a disagreable sensation in the region of the stomach. *Belladonna* and *Cina*, in alternate doses, are said to be very useful in this cough.

Cuprum acet. is eminently useful when the patient is suffocated during the paroxysm, and when he vomits and is slowly restored to vitality after the cessation of the paroxysm; even between the paroxysms the respiration is accompanied with a rattling noise in the bronchi, as if they were filled with mucus. I have since used this remedy even in the commencement of the disease, and have found it more useful than *Drosera*, the wheezing and whooping being removed in a few days. The remaining catarrhal cough yields to repeated doses of *Ipecacuanha.* This agent is frequently sufficient to remove whooping-cough, provided it is repeated every 2 or 3 hours; it is indicated when the turns of cough succeed each other so rapidly that the respiration is cut off and every inspiration seems to excite a new paroxysm; retching is generally present.

Cortex ulmi is said to be a very useful remedy.

Conium suits nightly attacks of whooping-cough;

the patients have a scrofulous and chlorotic constitution, the cough is exceedingly violent, suffocative, attended with flushes of redness in the face and bloody expectoration.

Lactuca virosa is said to remove the anguish with which many children are troubled previous to an attack, and to be useful for violent paroxysms of dry, spasmodic cough.

Ambra has been found useful when the cough is accompanied with eructations and hoarseness. Also *Hyoscyam.*, *Arsen.*, and *Laurocer.* *Arnica* is suitable when the paroxysms set in with weeping.

It has been proposed to give a dose of *Aconite* every day. This proceeding is well worthy of a careful trial.

If chronic ailments should have been roused by the whooping-cough, the antipsorics are then indispensable, particularly *Tinct. sulph.* and *Sepia.* I have frequently given Sepia at once, at the commencement of the second stage, when the spasmodic cough set in at night, so suddenly that the patients came near being suffocated and the chest was constricted, with shrieks and retching.

Whooping-cough is sometimes complicated with dentition and worm-fever; I have even seen a complication of whooping-cough and intermittent fever, for which I gave *Silicea*, this being the specific for the then prevailing fever. The whooping-cough disappeared with the fever. I tried afterwards to prescribe Silicea for whooping-cough without the fever, but found myself obliged to recur to the usual remedies.

§ 228. *Asthma, malum caducum pulmonum, dyspnœa, orthopnœa.*

The general character of asthma is: Periodical spasm of the respiratory organ, paroxysmal difficulty of breathing, accompanied with a sensation of constriction of the chest and violent exertions of all the auxiliary organs of respiration.

The paroxysms generally take place in the evening,

or between sunset until 2 o'clock at night. Generally the patients start from sleep with a sudden feeling of suffocation; a feeling of stricture across the chest, or as of a tight belt or a heavy weight on the chest, stops their breath and obliges them to raise themselves suddenly in order not to suffocate; the patients have not air enough in the closed room, and the windows have to be opened. The breathing, particularly the inspirations, is carried on with great difficulty, and the wheezing, metallic-sounding, rough, rattling inspirations are even heard at a distance. The thorax is not raised as in its natural condition; it heaves upwards and downwards, or is even quite immovable, whilst the cervical, intercostal, dorsal and abdominal muscles, and the diaphragm, work violently, and the patient, in his anxiety, is endeavouring to support himself in any way he can by holding on to any thing in his neighbourhood; the shoulders are raised like a pair of wings, and the præcordial region is drawn inwards along the region where the diaphragm is inserted. The patients are unable to speak, swallow, cough; all these movements increase the spasm.

The features express anguish, fear, fright; the wings of the nose are widely distended, the face is blue-red, the eyes protruded from their sockets, the vessels of the conjunctiva are very much congested, the jugular veins are swollen. The extremities are cold, forehead and neck are covered with sweat as from anxiety. The beats of the heart and the pulse frequently remain natural; frequently however, particularly when the heart is organically diseased, its beats intermit, the pulse becomes small; irregular, violent paroxysms may cause vomiting, convulsive movements of various parts of the body, even epilepsy. During the paroxysm we hear in various parts of the chest, by means of the stethoscope, a wheezing, rattling, rumbling, and generally a very feeble and sometimes even a puerile respiratory murmur; the percussion sound is rarely altered. Relief commences when the patient begins to cough up with ease a

tenacious mucus; the breathing becomes freer, and the anxiety disappears; sometimes sweat breaks out and the bowels are moved, or the patient is refreshed by a sound sleep.

The paroxysms last from a few minutes to several days, with remissions in the day-time and exacerbations in the evening. During the remissions the breathing is oppressed, but the anxiety is less. The paroxysms occur very irregularly, sometimes every week, month, in the fall or spring, and at other times they intermit several years.

§ 229. *Anatomical changes*: We know of no organic alteration of the thoracic organs, heart, large vessels, pleura, lungs, mediastinum, that has not been met in the bodies of asthmatic subjects; disorganizations in the brain, spinal marrow, pneumogastric and phrenic nerves, larynx and abdominal organs. On the other hand, there are many subjects in whom no anatomical alteration whatsoever has been discovered. This shows that those alterations are not necessarily the cause of the asthma, inasmuch as they frequently exist without asthma, and asthma frequently occurs without them. Various anatomical alterations, such as: hyperæmia of the bronchial mucous membrane, emphysema of the lungs, dilatation and hypertrophy of the heart, dropsy of the chest, etc. are very often products of the frequently repeated asthmatic paroxysms. (Canstatt).

Diagnosis and etiology: The disease can be confounded with angina pectoris, with asthma induced by affections of the larynx, or with night-mare. In angina pectoris the patient experiences a piercing, crushing pain in the region of the heart, under the sternum, extending to the left arm and shoulder; the pain obliges the patient to stand still, but the breathing remains tolerably free; the patient's anxiety is not caused by want of air, but by an indescribable agony as of death; the paroxysms frequently occur in the day-time and during motion; the expectoration which affords relief in asthma, is likewise wanting.—

In asthma caused by an affection of the larynx, this local disease is easily recognised between the paroxysms; the spasm, by the patient's own statement, commences at the larynx, the patients look as if strangulated, they are unable to speak a word, and they press the air with a strong wheezing croupy sound through the half-closed rima glottidis.—Asthma is easily distinguished from nightmare: for, although it occurs likewise at night only, yet it is a state of half-waking, during which the patient remains in a recumbent posture, all unpleasant sensations disappearing as soon as the patient wakes; during the attack the patient feels as if his chest were oppressed by a load; but this does not prevent a paroxysm of real asthma.

Asthma is sometimes hereditary; men are more liable to the disease than women; asthma generally affects persons somewhat advanced in age; among young people we meet the asthma Millari, and the asthma thymicum of Kopp. We distinguish asthma plethoricum, organicum, cardiacum, metastaticum, arthriticum, podagricum, impetiginosum, urinosum (from anuria of old people), humidum, etc. These names are of use only in so far as they point to the more or less specific medicine in every case.

Prognosis: It is favourable for a single paroxysm, but unfavourable for the disease itself, since it generally lasts during the patient's life-time. It is generally favourable when the exciting cause can be removed; it is unfavourable when an organic disease is the cause of the paroxysms. In old people the prognosis is much less favourable than in young subjects, inasmuch as the former generally labour under some organic disease. Hereditary asthma is generally incurable. Death is imminent when the patient becomes weaker and weaker, when hydrothorax, paralysis of the upper extremities, hectic fever with irregular, intermitting pulse, swelling of the extremities, continual palpitation of the heart, set in.

§ 230. *Treatment:* This is facilitated a good deal by a knowledge of the cause of the disease. The re-

medies which we employ must not only be directed against the actual paroxysm, but likewise against the disease itself. If we do not know of such a remedy, then it is our duty first to relieve the paroxysm, and then to act against the disease.

I have frequently stopped, or at least relieved, a paroxysm of asthma which had been caused by sudden chagrin, by means of a few doses of *Chamomilla.* It is of great use when the constrictive oppression across the chest sets in in the evening, and had got worse until that time from the moment it had been excited in the day-time by a fit of chagrin. It is likewise useful when the asthma had been caused by a frequent incarceration of flatulence; we see this incarceration very frequently take place in children, in whom it causes asthma, and suffocative fits. This incarceration frequently takes place in the præcordial and subcostal regions, even in perfectly healthy children (livergrown); these regions are swollen so that it is impossible to make an impression in these parts; the children are restless, toss about, cry, draw up their legs, are anxious and short-breathed, and frequently the breathing intermits entirely.

If the paroxysm depends upon congestions of the chest, as are frequently observed in plethoric young subjects in consequence of menstrual, lochial and hæmorrhoidal congestions caused by a sedentary life and constant thinking, spirituous and heating drinks, and giving rise to habitual spasms of the chest characterized by palpitation of the heart, short, panting breathing, oppressions, anxiety, sensation of pressure, fulness, tightness, constriction of the chest: *Nux V.* will be found the best remedy not only for the paroxysm, but for the whole disease. It is particularly indicated when the paroxysm is characterized by the following phenomena: the paroxysm is diminished by turning the body to the opposite side or to the back, or by sitting up in bed, or by rising or lying down. *Nux* is likewise suitable to persons in whom the paroxysm is excited by heavy, anxious, distressing

dreams, such as attack persons who suffer with irregular beating of the heart, abdominal pulsations, hypertrophy of the liver and spleen. It suits melancholy and hypochondriac subjects with atrabilious temperament; it is likewise adapted to those kinds of asthma where the patients complain of the clothes being too tight, and chest and abdomen being oppressed by them; nevertheless, putting off one's clothes makes the asthma worse instead of better. Asthma, when depending upon cardialgia, is so frequently relieved by *Nux* for this reason, that Nux removes so many kinds of cardialgia.

Arsenicum is a specific for asthma when it depends upon a dilatation of the heart, hypertrophy, emphysema or œdema of the lungs, hydrothorax, chronic bronchitis, hyperæmia of the bronchial mucous membrane, tuberculosis (scrophulosis), abuse of *China* or *Iodium*. *Ars.* is more particularly indicated by the following symptoms: frequent cough during motion as if caused by the vapour of Sulphur, particularly at night, attended with constriction in the trachea and suffocative fits; or even without cough this suffocative oppression of the chest and arrest of breathing set in in full-grown persons, a real spasmodic asthma, accompanied with anguish and restlessness, as if the whole chest would be constricted; the patient cannot speak a word without making the asthma worse, which sets in particularly in the evening.

The asthma caused by copper and arenious vapours, is relieved by several remedies, the paroxysm itself by *Ipecac.*, then *Nux vom.*, *Hep. sulph.* and sometimes *Merc. sol.* The proper antidotes should be administered between the paroxysms, to eradicate the constitutional ailments which had been occasioned by those poisons.

If an asthmatic spasm be caused by the vapour of Sulphur, *Pulsatilla* is the best remedy to stop it; it is likewise the best remedy for asthma caused by the abuse of sulphur-water. I have frequently been led to give *Pulsatilla* by the good-natured, mild counte-

nance of the patient, that seemed to invite pity, a reflex of the patient's character in his healthy days; it is likewise useful when the asthma depends upon hypertrophy of the pulmonary mucous membranes; this condition is recognised by the fact, that after the abatement of the paroxysm, the patient is relieved by raising large quantities of disorganized mucus, after the discharge of which a physical examination reveals in many places the bronchial respiration, as in partial emphysema of the lungs; this kind of asthma might be termed asthma humidum. *Pulsat.* is likewise useful in the asthma senile and urinosum of old people, where the audible vesicular breathing points distinctly to œdema of the lungs and scattered interstitial tubercles. It is highly recommended in the asthma menstruale and cardiacum of chlorotic and hysteric subjects.

In the above-mentioned varieties of asthma, *Stannum* ranks with *Pulsatilla* when the constrictive oppression of the chest sets in in the evening, causes an extreme anguish, and obliges the patient to loosen his clothes; recovery does not always take place by raising large quantities of mucus at once, but by mucus being coughed up gradually.

Colchicum may be tried in asthma cardiacum with dilatation of the heart occasioned by acute rheumatism; also when the heart is hypertrophied and the paroxysm is raised to the highest pitch by the least change in the weather, with icy-cold extremities, excessive restlessness, anguish, and sudden prostration of strength. *Colchic.* is likewise useful in asthma attended with œdema of the lower extremities (this being a characteristic symptom of affection of the heart, according to Kreyssig), or with constant urging on the bladder, like spasm of the bladder, and painful discharge of a small quantity of urine.

I have used *Ammon. carbon.* in a few cases of asthma, with repeated palpitation of the heart, considerable œdema of the feet, and an asthmatic state every evening which continued until midnight and

was relieved by the admission of open air. The symptoms were relieved, except the palpitation.—*Ammon. carb.* is known as an excellent remedy in hydrothorax.

Belladonna is excellent in asthma plethoricum, cardiacum, metastaticum, hæmorrhoidale, laryngeum, not only for the paroxysm, but for the disease itself. I do not consider it necessary to describe the symptoms more particularly.

I have found *Ambra*, second or third trit., an useful remedy in asthma siccum and senile, particularly when the oppression was principally felt in the left chest, extending from the heart to the back and between the shoulders, attended with palpitation, anguish, arrest of breathing; it likewise proved useful in asthmatic ailments of scrofulous subjects.

Cannabis is suitable when the patient can only breathe in a sitting posture with the neck stretched forward, attended with wheezing in the trachea; the abdominal muscles have to be put violently on the stretch during every inspiration; the patient is exceedingly restless and tortured by anguish. These symptoms always occurred before midnight, in bed. The patient was suffering with organic disease of the heart (hypertrophy) and hydrothorax thence arising. The effect of *Cannabis* was very striking.

Tartarus emeticus: The suffocative distress depends upon constriction of the air-passages; it increases gradually from evening till morning, and then decreases again as gradually; during the paroxysm the anguish is sometimes increased by sudden violent beats of the heart as if the heart would start out of its place. In the present case, though there was occasional palpitation between the paroxysms, yet no organic disease could be discovered, showing that *Tart. emet.* suits asthma with or without organic affections of the heart. Plethoric asthma is perhaps the more immediate sphere of action for that agent.

Moschus is suitable to hysteric or hypochondriac subjects, when the attack was developed by the body

getting cold. The paroxysm commences with difficulty of breathing, increases to constriction of the chest, and finally becomes a suffocative spasm of the lungs which drives the patient to despair; there is no cough, perhaps a slight irritation at the commencement.

Oleum animale. The asthma is occasioned periodically by a flatulent distention of the whole abdomen, particularly of the subcostal regions, or it is caused by a spasmodic contraction of the larynx. *Kali carb.* may be tried under similar circumstances, and particularly in the dynamic asthma, or when the lungs are partially destroyed.

Nitri acidum is an excellent remedy to eradicate the asthmatic disposition. It is particularly useful to delicate constitutions, persons with sensitive nerves and irritable temperaments, particularly when the organism had been weakened by mercurial treatment, or by syphilitic, scrofulous or herpetic diseases. The patient complains of fluent coryza, roughness of the throat, husky voice; as the coryza diminishes, the chest feels oppressed; if the coryza disappear entirely, the oppression increases to complete loss of breath, attended with palpitation of the heart and anxiety on ascending an eminence; or the patient complains of constant dyspnœa, he is scarcely able to breathe, worse on leaning backward; sometimes the dyspnœa is attended with anxiety, particularly when walking fast; when reaching the most violent degree, the disease increases to a spasmodic oppression of the chest, with rush of blood to the heart, languor, anguish, which is excited by the least emotion.

Lobelia inflata. This remedy seems to be principally adapted to asthma depending upon degeneration of the bronchial mucous membrane occasioned by chronic inflammation of the air-passages. The characteristic symptoms for *Lobelia* are: Dyspnœa, also with oppressed, hurried respiration, frequent desire to take a deep breath, oppressive asthma, sometimes after the least exertion and after exposure to the least

draught of air, and after eating heavy food; periodical spasmodic asthma of full-grown persons.

Lactuca virosa relieves spasmodic asthma occasioned by organic diseases of the heart, hydrothorax: great tightness of the chest, which rouses one from sleep at night and obliges one to sit up suddenly as if in anguish, with heaviness on the chest which increases to stricture.

Digitalis. This medicine is useful in asthma complicated with thoracic disorganizations. It is supposed that *Digitalis* is indicated by a disturbed action of the heart and slow pulse; but I have always employed it with success when the disturbed action of the heart manifested itself equally in the pulse. The increased action of the heart depended upon incipient disorganization of that organ and its vessels, and the asthma caused by that disorganization was characterized by the following symptoms: Roughness in the trachea which had existed for some time previous, accompanied with a short, hacking cough, and gradually leading to laboured breathing which increases to a spasmodic constriction of the larynx and chest, with suffocative anguish which is particularly troublesome early in the morning, on waking, and obliges one to sit up. *Digitalis* is therefore an excellent remedy for asthma cardiacum, organicum, metastaticum, hydrothoracicum.

Sulphur is a most universal remedy for asthma. There is scarcely a case of asthma where *Sulphur* is not used. It suits almost every constitution and temperament, and antidotes the bad effects of a number of metallic poisons. *Sulphur* is particularly useful for the following conditions: Rough and deep voice when the weather is cold and damp; accumulation of mucus in the throat and chest, exciting a cough which causes a spasmodic contraction of the chest; difficulty of breathing, more when sitting than when walking; he is unable to take deep breath, because the chest then feels contracted, the breathing is sibilant: excessive dyspnœa after a walk, continuing

for hours; spasmodic asthma of full-grown persons; mucous asthma, after having made a few steps, her chest feels constricted, and she has to stop a little while to take breath: this difficulty seems to be caused by an impediment in the pit of the stomach where an adhesion seems to exist; oppression on the chest, externally, with anxiety, relieved when lying and sweating; periodical arrests of breathing, in every position and at every hour of the day; suffocative attacks, particularly at night, during sleep, the patient starts up with a loud cry and is unable to recover his breath; towards morning the heart begins to palpitate and some sweat breaks out; tension in the chest, anxiety and weight on the chest, pressure as from a lump; contractive pain about the chest, painful screwing together in the chest; periodical constrictive spasms in the chest, with blue face and short breath, particularly in the evening, in a warm room, attended with violent palpitation of the heart, worse during motion, passing off when lying in bed, occasioned by congestion of blood to the chest and orgasmus sanguinis in the chest, shocks in the region of the heart, with arrest of breathing and anxious palpitation of the heart.

§ 231. *Phosphorus*, *Sepia*, *Acid. phosph.* are likewise useful remedies in some cases of asthma. *Arg. nitr. cryst.* may prove useful in asthma caused by various disturbances of the circulation.

As palliatives for the relief of the patient during a paroxysm, I recommend

1) The use of *animal magnetism* in the following fashion: Apply one hand flat on the pit of the stomach, the other on the larynx, or, if this should cause anxiety, on the forehead of the patient; sometimes I employ a light pass with both hands and closed thumbs, from the larynx down to the pit of the stomach, a little below that region. The homœopathic specific remedy may be continued at the same time.

2) *Coffee*, pretty strong, a large tablespoonful every five or ten minutes. If the patient be not relieved after the third dose, other means have to be resorted to.

3) *Camphor* is likewise a palliative, but only in certain cases. I use it in asthma humidum with very irritable nerves, and particularly when the larynx and bronchial tubes are so filled with mucus that the patient is almost suffocated, which is easily inferred by the movement of the patient's hands and by the spasmodic contortion of the facial muscles.

4) *Tabacum*, first or second att., or the smoke of tobacco if the patients are not used to it; it relieves the anguish in asthma organicum, cardiacum, when depending upon stenosis of the left heart.

Other palliative remedies are: *Ipec.*, *Puls.*. *Ignat.*, *Nux vom.*, *Ambr.*, *Colch.*, *Digit.*, *Arsen.*, *Tart. stib.*

§. 232. *Asthma Millari, Asthma laryngeum, spasm of the glottis.*

The two latter names belong more properly to the asthma thymicum of Kopp; I have classed both varieties under the same head, because the treatment is the same.

The pathognomonic symptom of asthma laryngeum is a sudden and violent interruption of breathing for a few minutes, after which the children resume their respiration with a crowing noise.

The lowest degree of spasm of the glottis is frequently observed in children with a vehement temperament, when they get out of breath in consequence of a violent fit of anger or violent cries. If the disease be more violent, the spasm sets in suddenly, generally on waking from sleep, or, after fright, anger, in consequence of crying, laughing, a cold, or a drop of liquid getting into the larynx while drinking, or without any perceptible cause; the spasm commences with a whizzing, exceedingly fine, almost crowing inspiration, which is several times repeated with great force until the breathing stops entirely; the children gasp for air with the most violent exertions, they turn pale and blue, the eyes protrude from their sockets, cold sweat appears on the forehead, and the pulse be-

comes small; this lasts from one to ten minutes, after which the breathing is resumed with a shrill, crowing expiration attended with crying; the child soon goes to sleep and wakes quite well, except some languor. There are scarcely ever any other morbid symptoms present, except in very few cases a little cough and difficulty of breathing; the appetite generally remains good; in a few cases the digestion is deranged, the abdomen distended and diarrhœa is present. At first the paroxysms occur rarely, at night, during the first hours of sleep; gradually they become more frequent, and may even take place from 40 to 50 times a day.

In the second or convulsive stage the following symptoms supervene: Rigidity of the muscles, bending inwards of the carpal and tarsal joints, clenching of the thumbs, bending backwards of the spine, staring eyeballs turned upwards, involuntary stool and emission of urine, the tongue is hanging out at the mouth, irregular, intermitting beating of the heart, cold extremities, distorted countenance. Even between the paroxysms the child remains unwell, it looks pale, languid, drowsy, is peevish and prostrate, the sleep is restless and interrupted by starting, pulse and respiration are constantly hurried, the cheeks are covered with a circumscribed redness, the strength of the patient is sinking more and more, and hectic fever sets in.

Some physicians assert they have observed premonitory symptoms, such as disposition to get something into the windpipe when swallowing, immediately before the setting in of the paroxysm, screams with long inspirations, paroxysms of laboured breathing which sometimes intermit for days, nervousness; or: restlessness, disposition to start, flatulence, slight tonic spasms, rattling in the trachea, etc.

§ 233. *Distinguishing characteristics* of this disease: Many physicians pretend the disease is a variety of croup; but there is no fever between the paroxysms, there is neither cough nor local pain in the larynx, the intermissions are well marked and continue fre-

quently for days, the paroxysms may set in in all their violence from the very commencement, the symptoms do not increase as in croup, there are no catarrhal symptoms either previous to the disease nor during the intermissions, the children are quite well between the paroxysms, there is no hoarseness, the disease lasts much longer than croup, etc. The disease is easily distinguished from whooping-cough; the similarity extends only to the wheezing breathing; the violent cough which terminates in retching and vomiting and is always present in whooping-cough, never exists in asthma millari; the paroxysms of whooping-cough occur at night as well as in the day-time, and a catarrhal stage is always present, quantities of tenacious mucus are likewise thrown up; all these symptoms are wanting in asthma millari. Cyanosis always depends upon congenital organic defects of the circulatory apparatus, which can be diagnosed by means of the stethoscope through the continual irregularities of the beats of the heart; the symptoms of suffocation show themselves even a few days after birth, whereas the asthma sets in in the first period of dentition, or even afterwards; cyanosis is attended with a peculiar rattling or wheezing, accompanied with violent cough.

Etiology: The disease generally occurs between the 6th and 18th month, seldom later; boys are more liable to it than girls; it is sometimes hereditary, and it happens that all the children of a family are visited by it. Such children are generally of a delicate constitution, pale, lymphatic, scrofulous, the scrofulous habit manifesting itself by eruptions on the head and face, otorrhœa, glandular swellings. Many physicians consider this asthma as a disease inherent to the period of development; more frequently, however, the disease is excited by catarrh, bronchitis, croup, whooping-cough, measles, hydrocephalous fevers, cold, particularly in the cold, damp season.

Prognosis: It depends upon the age and constitution of the patient; the older and more robust the patient, the less dangerous the disease; the prognosis

is likewise depending upon the causes and complications of the disease, and upon its duration and course; the convulsive stage and the termination in hydrocephalus are very dangerous. (*Canstatt*).

§. 234. *Treatment:* One of the principal remedies for the spasm which is the characteristic pathognomonic symptom in asthma millari, is *Sambucus.* The indications are the following: The patient wakes from his slumber with his eyes and mouth half open, and has to sit up suddenly on account of want of breath; the inspirations are short and sibilant, with occasional suffocative fits, during which he throws his hands about, face and hands are swollen and bluish, with dry heat all over, without thirst, and irregular, small, intermittent pulse; the patient cries when the paroxysm is setting in; there is no cough, and the paroxysm generally sets in about midnight.

Arsenicum. The paroxysm is preceded for several days by slight catarrhal symptoms; the little one goes to sleep quietly, and the spasm develops itself gradually and visibly; the breathing becomes shorter, sibilant, until the spasm sets in in all its violence with a loud whizzing cry and sudden suffocation as if the patient would die.

Menyanthes trifoliata ranks with Sambucus, except that the spasm is lighter, though it comes on suddenly and the breathing is exceedingly laboured.

Moschus is useful for sudden constriction of the larynx, with desire to take a deep breath.

Veratrum. Suffocative constriction of the larynx, with imperceptible breathing, contracted pupils, or protruded eyes; laboured breathing between the paroxysms.

The following remedies may be given for paroxysms of nocturnal anguish: *Ignat., Ipec., Bellad., Puls., Lauroces., Nux v., Aconit., Angust., Stramon., Calcar., Lycop., Phosphor.*

§. 235. *Incubus, nightmare.*

It occurs only to plethoric subjects, during sleep, in a recumbent posture, and when the stomach is full. One who is attacked with nightmare is in a sort of half-sleep, and is sufficiently conscious to know that his sufferings are not real, but imaginary; nevertheless, this condition cannot be removed by the mere force of the will; he is unable to stir, raise himself or cry out. Generally nightmare takes place in the first part of the night, after previous dreams, the patient imagining that he is seized by some wild beast or phantom which oppresses his chest and causes anguish and a feeling of suffocation. The attack lasts only a short while, sometimes however a few hours, and occurs even several times in the night. The patient generally wakes suddenly, with a sensation of languor, sometimes sweat on the upper extremities, trembling of the whole body, palpitation of the heart, headache; all these symptoms disappear very soon, and no further unpleasant consequence is perceived.

In many cases the disturbance may be left to nature; but, if it should recur very frequently and if the frequent congestion of blood to the chest should expose the patient to the danger of some organic disease, it is proper for the physician to interfere. The patient should avoid coffee, and, if the disease should have been occasioned by the abuse of heating, spirituous drinks, or by overloading the stomach, *Nux v.* will be found a specific remedy.

If the attack should be preceded for some days by orgasmus sanguinis, flushes of heat in the face, frequent palpitation of the heart with anxiety and restlessness, oppressed breathing, heat, increased thirst, *Aconite*, in repeated doses, not too weak, is the best remedy.

Opium is indicated by the following symptoms: Sopor, stertorous breathing with the eyes and mouth half open, he cannot be roused, the face is covered with cold sweat and the features express anguish;

the breathing is spasmodic, paroxysmal, and the limbs twitch at times.

Silicea corresponds to great anguish, sensation as if a heavy rough beast were lying on him, so that he is unable to utter a sound; dreams after midnight, in a state of half-waking, as if he would be seized by a thousand phantoms; after waking he is unable to stir, he is covered with sweat, experiences great anguish with palpitation of the heart, afterwards great fearfulness.

Puls., *Bryon.*, *Bellad.*, *Con.*, *Guajac.*, *Ignat.*, *Nitr.*, *Sulph.*, *Ammon carb.*, are also useful in nightmare, the last named particularly when the attack takes place while going to sleep; *Guajacum*, when the attack occurs in a recumbent posture; *Cinnabaris* is recommended when the attack takes place after midnight.

§ 236. *Suffocative catarrh.*

This disease is, properly speaking, a variety of acute capillary bronchitis or of pneumonia notha. From various reasons I have classed it in the category of asthmatic diseases. Bronchitis can only be termed suffocative catarrh when the excessive accumulation of mucus in the bronchi induces an anguish of suffocation which finally leads to acute cyanosis, until the patient is actually suffocated by the mucus in the bronchi, the rattling of which is heard far off. Such a condition sometimes sets in suddenly, without any considerable precursory symptoms except some coryza and bronchial catarrh. Suffocative catarrh cannot take place unless the mucus is accompanied with a spasmodic irritation of the respiratory apparatus. During this spasm the patient sometimes succeeds, after a paroxysm of excessive orthopnœa, to raise an enormous quantity of serous, transparent, albuminous or slimy matter, after which the respiration and circulation are more easy. Suffocation takes place very easily. The stethoscope reveals an enormous accumulation of fluid in all the bronchial

ramifications, over the greatest portion of the chest. Fever is frequently wanting entirely. The attacks recur at longer or shorter intervals; if œdema of the lungs should supervene, death is pretty certain. The disease sometimes runs its course in a few days or hours.

§ 237. *Treatment: Ipecac., Coffea, Camph., Sambuc., Chamom., Pulsat.* are the best remedies at the commencement of the disease, and sometimes prevent its further development. *Chamom.* is suitable to children when the suffocative paroxysm announces itself with titillation in the throat, rattling in the larynx and chest, violent cough, also with convulsions, colic, etc. A sudden, suffocative oppression of the chest, similar to suffocative catarrh, attended with excessive accumulation of mucus in the air-passages, and panting breathing, is best met by *Champhora*, from the first to third att., in the case of children. *Ipecac.*, not too high, and frequently repeated, is excellent for ineffectual urging to vomit, in cases where catarrh with increased secretion of mucus had existed for some time previous, after which the suffocative catarrh had set in with rigidity of the body and blueness of the face.

If the disease cannot by arrested by any of the afore-mentioned remedies, or the suffocative paroxysm sets in suddenly, *Arsenic* is the best remedy, except in a few cases, *Belladonna*, *China*, or *Veratrum*.

If, during an inspiration, a mucous rattle should be distinctly perceptible deep in the chest, with an anxious heaving of the chest in order to get rid of the torturing irritation; if the cough should have a dull, hollow, rattling sound, and if the patient should not have strength enough to diminish the irritation by coughing up the mucus which accumulates deep in the lungs: then we may infer that paralysis of the lungs is imminent. This termination of the disease occurs principally among children and old people, and is to be met by repeated doses of the first and second trituration of *Tart emet.* To old people, how-

ever, I first give the *spirits of Camph.* in drop-doses, every 5 or 10 minutes, and afterwards *Baryt. carb.*

§ 238. *Angina pectoris, neuralgia of the heart.*

Pathognomonic symptoms of angina pectoris: Horrid pain in the region of the heart, under the sternum, setting in suddenly, paroxysmally, extending over the chest, neck, arms, diaphragm, accompanied with a sensation of fainting and internal annihilation; the patient has to stand still and hold fast to some fixed object.

Course of the disease: The paroxysm frequently sets in without any precursory symptoms, which is characteristic of the disease; low-spiritedness, indescribable restlessness, stretching of the extremities, cloudiness of sight, are sometimes felt previous to the paroxysm.

The neuralgic pain is characterized by a feeling of approaching syncope, anguish as of death; the pain itself varies, pressing, constriction or distention of the heart, as if it would break; or sensation as if the heart remained standing still; or the pain is cutting as if the chest would be cut to pieces. The pain is relieved by quiet and by pressing the chest against something hard. The breathing is apparently arrested, the patient thinks he will suffocate, is speechless. Palpitation is not always present; the beats of the heart are rather fluttering, irregular; the pulse is generally small, feeble, somewhat accelerated, frequently irregular; sometimes, however, it is hard, full, unaltered, even slower than usual, symptoms which point to organic disease of the heart. During the paroxysm the face and extremities are cold, covered with cold sweat; the features are spasmodically distorted, and the senses vanish; generally, however, the patients retain their consciousness during the paroxysm.

At the commencement of the disease the paroxysm lasts only a few minutes, afterwards it lasts a little longer, but is then less violent; the spasm abates

when eructations and sweat take place; sometimes it terminates in vomiting or discharge of flatulence; sometimes in cough with expectoration of mucus. At first the paroxysms recur at long intervals, even after the lapse of years, afterwards they become more frequent, and are excited by the least cause, such as: exertions, ascension of eminences, walking against the wind, dietetic transgressions, emotions, mental exertions, etc.; also coughing, talking, yawning, sneezing, or any kind of motion.

§ 239. *Anatomical changes:* Those who die of angina pectoris have generally been affected with considerable structural alterations of the heart, or of the larger vessels, particularly the aorta, such as: dilatation or ossification of the aorta, cartilaginous or ossified condition of the coronary arteries, ossification of the valves, hypertrophy and dilatation of the heart, inflammation and swelling of the mediastinum, accumulation of fat around the heart, ossification of the costal cartilages, adhesion of the heart and pericardium, varicose state of the veins of the heart, pulmonary disease, hydrothorax, etc.

Causes: Severe cases occur rarely before the fiftieth year; lighter cases occur among young people. Men are more liable to this disease than women. Other causes are: anomalous gout, hysteria, hypochondria, excesses in diet, drunkenness, want of exercise, chronic dyspepsia, care, emotions, etc.

Angina pectoris, however, may exist without any organic alterations being present. It is a neuralgia of the cardiac nerves, a purely dynamic disease, in spite of the modern anatomico-pathological school, which rejects this theory because no structural alterations of the nerves can be discovered.

The disease can last twenty and more years, and may, on the other hand, terminate fatally after a few attacks. Sometimes it ceases entirely after a few paroxysms. Perfect recovery is very rare. In some cases the disease alternates with other arthritic complaints, the feet swell, or evacuations by the skin and

bladder take place; sometimes erysipelas breaks out on the feet, relieving the chest. The disease has likewise been known to alternate with other nervous diseases, gastralgia, ischias, headache, etc., or to terminate in organic disease of the heart, cachexia, dropsy. Generally, however, the patient dies during a paroxysm, previous to these disorganizations setting in.

Prognosis: It is generally unfavourable, particularly when the cases are old, or complicated with disorganizations, when the paroxysms are violent, and follow each other rapidly in consequence of trivial causes, and when the intermissions are not entirely free from pain. The prognosis is less unfavourable when the disease depends upon gout, hysteria, spinal irritation, when the paroxysms are rare and not too vehement, and the patient is young in years. (*Canstatt.*)

§ 240. *Treatment:* During the paroxysm the patient should be relieved of every pressure, even that of his clothes, and he should keep perfectly quiet, in an erect posture; a recumbent posture is intolerable. It is of great use to bathe the hands and feet in warm water, to rub the skin with woollen cloths, to apply warm cataplasms and animal magnetism. Cold affusions, applications of cold water to the chest, may likewise prove useful; experience will have to decide on this point.

Arsenicum is a specific remedy for this disease, provided the structural disorganizations of the heart or larger vessels are not too considerable. It is indicated when the patient is unable to breathe except with his chest bent forward, and then only very imperceptibly; when the least motion causes a loss of breath; when an oppressive stitching in the region of the heart is attended with fainting and anguish; when even getting into bed causes a loss of breath, and the patient requires a long time to recover himself; when the attack is renewed by merely turning round in bed. *Arsenic* is certainly a truly excellent

remedy when the disease is purely dynamic: though it can only palliate the pain when extensive disorganizations are present, in which case the least cause may provoke a new paroxysm.

Digitalis is indicated when the action of the heart is more vigorous than the pulse; or when the disease sets in suddenly, and drawing-tensive spasmodic pains in the left chest and sternum, towards the nape of the neck and upper arm, and an indescribable deathly anguish are present.

Sambucus may likewise prove useful in angina pectoris (see Asthma millari).

Angustura may be tried in the lighter cases, when the chest is in constant motion, and this is aggravated by the least exercise, going up stairs, etc., attended with anxiety and palpitation of the heart, cutting shocks in the sternum and back, or painful shocks in the region of the heart.

Lactuca virosa deserves consideration, when a crampy stitching in the left chest, extending to the left scapula, and an indescribable tightness of the whole chest, are experienced.

Veratrum album: periodical attacks of contractive crampy pain in the left chest, or cutting pain with excessive agony, arresting the breathing, and extending even to the shoulder.

Asa fœtida and *Sepia* are likewise to be considered.

I have frequently arrested or moderated an attack by repeated doses of *Aconite*. *Ipecac.* may be tried, when the patient frequently experiences an urging to vomit during the paroxysm.

Bellad., *China*, *Spongia*, *Iodium*, *Mercur.*, etc., are suitable intercurrent remedies.

§ 241. *Neuroses of the genital system.*

HYSTERIA, ASTHMA UTERI, SUFFOCATIO UTERINA, PASSIO HYSTERICA.

In describing the treatment of this disease, or rather of this multitude of diseases, I shall follow the arrangement of Schœnlein and Canstatt.

Hysteria is the name for a vast number of female diseases. It occurs in the most varied forms, which makes the treatment of hysteria rather difficult. A sudden change of the phenomena of disease is characteristic of hysteria. Vehement symptoms frequently set in without any apparent cause, and then disappear again as suddenly, or change to some other form of disease, or give place to perfect health and cheerful spirits.

The psychical phenomena are very characteristic. Hysteric females are capricious, their emotions and feelings are very changeable; from deep grief they sometimes pass over to the liveliest mood; they always consider themselves very sick and want to be pitied; they affect to be very sick, in various ways, sometimes only to excite interest; their eyes are humid, languishing, half closed; the nerves are very sensitive, idiosyncrasies are more strikingly developed.

Symptoms of hysteria: General malaise, sadness or excessive cheerfulness, loquacity, restlessness, anguish, slight convulsions and pains in all the limbs, moaning and yawning, urging to urinate, discharge of watery urine; sensation as if a ball were rising with a rumbling noise from the left side of the abdomen to the epigastrium, where it causes a retching and vomiting, or it rises in the throat and causes a constriction in that part. This is followed by convulsions: the patients strike their breasts with their fists, and are tossed up in the air, in consequence of which they have to be watched with great care, lest they should hurt themselves. In this condition they generally remain conscious; they scream, howl, laugh, sob spasmodically. During the remission the patients are exhausted, delirious, soporous, or they are in ecstasy, or in a state of somnambulism; soon, however, the convulsions return and the same scenes recur sometimes every three or four minutes. Such a paroxysm may last for several days, after which it frequently terminates in asphyxia, coma, rising of air, or in weeping, sobbing, laughing, increased secretion of mucus from

the genital organs, or increased discharge of watery urine. At first the pulse is small, contracted, the face pale, the extremities cold; afterwards the patients feel exhausted, the pulse gradually becomes fuller, and the temperature of the skin returns.

This is the usual character of hysteric convulsions; in a higher degree the convulsions increase to St. Vitus' dance, tetanus, catalepsy, even epilepsy with loss of consciousness. Sometimes the paroxysm sets in without any known cause; sometimes they are excited by emotions, cold, dietetic transgressions. Sometimes they are inconsiderable, and recur every week or month; as the patients grow older, the paroxysms become more frequent and more intense; the patients, however, always look well, and remain fleshy.

§ 242. *Local forms of hysteria.*

1) *Hysteric headache* (encephalopathia hysterica, hysteria cephalica): hemicrania, clavus, sensation of coldness at the occiput, sopor and coma, symptoms of threatening phrenitis, delirium, obstinate sleeplessness. It is characteristic of these ailments, to cease suddenly, and to alternate rapidly with other ailments; pale face, watery urine, small pulse, etc., are likewise characteristic.

2) *Hysteric states of the mind:* To these belong the frequent repetition of certain syllables, words, sentences, tunes; nymphomania.

3) *Hysteria spinalis, myelopathia hysterica.* This spinal irritation is generally sympathetic. The pain is generally a drawing through the whole of the vertebral column, accompanied with pains in the extremities, formication, contraction of the muscles, cramps in the calves, paralytic states, neuralgic affections of the thoracic and intercostal nerves, joints. This pain is rarely seated, generally fleeting, and erratic.

4) *Hysteria uterina, neurosis uterina, spasmus hysteralgicus.* The patients complain of pain, tightness in the hypogastric and pubic regions, frequently attended with drawing pains in the loins and small of the back,

following the course of the round and broad ligaments of the womb; they feel as if the uterus were forcibly drawn up from the small to the large pelvis. At times these pains are colicky, at others they are attended with a sensation as if a ball were ascending. The sexual instinct is sometimes violently excited. The menses are generally disturbed: at times they are scanty, at others profuse, they are always irregular, and come on by fits and starts; they are accompanied with leucorrhœa. The paroxysms are most violent at the time of the menses, first periodically; if the menses have become irregular, the paroxysms occur at irregular periods.

5) *Hysteria vesicalis, nephro et cystopathia hysterica.* The patients are attacked with violent, contractive, and frequently burning pains in the lumbar region, along the course of the ureters, through the whole pelvis, in the region of the bladder, without sensitiveness to hard external pressure, which distinguishes the disease from nephritis and cystitis; violent desire to urinate, no urine being passed, or but very little and with violent pains (*ischuria and stranguria hysterica*); the urine is clear, sometimes like water.

6) *Hysteria intestinalis, colica hysterica.* The spasm generally commences in the region of the cœcum or of the sygmoid flexure, with a sensation as if a ball were lodged in these parts which is constantly increasing in size. The pain is like a violent colic, burning, tearing, as if the bowel were torn to pieces with knives. The patient screams when one merely attempts to touch her, whereas she bears hard pressure, provided her attention is directed to something else in the meanwhile. Borborygmi, tympanitis, sometimes enormous distention of the transverse colon, with anxiety, shortness of breath, vomiting, etc. No trace of fever.

7) *Hysteria gastrica, gastropathia hysterica, cardialgia hysterica, pyrosis hysterica.* The patients complain of a constrictive, or burning, or spasmodic pain in the stomach, with oppression, nausea, vomiting;

dread of contact, and yet they bear the hardest pressure. The patients bear very little medicine.

8) *Hysteria pulmonalis, asthma hystericum.* Hysteric females sometimes suffer with violent oppression of breathing, suffocative anguish, stitching pains in the chest, yet they are able to take deep inspirations. Sometimes cough is present, at others there is not any: it is dry, barking, sometimes like whooping-cough. In many cases the patients breathe only with the abdominal muscles, in other cases the breathing is panting, anxious, or the patients breathe only while sitting up in bed. Percussion and auscultation do not reveal any changes in the lungs, no fever.

9) *Hysteria laryngea, laryngopathia hysterica.* The patients complain of a loud, dry, almost barking cough, in paroxysms, occasioned by emotions and nervous excitement, sometimes attended with spasm of the rima glottis, and croupy respiration. Another form is *hoarseness and aphonia.* It comes on suddenly, lasts for months and years, and then disappears again suddenly; sometimes, after a violent mental excitement, the patient talks with her usual voice, whereas a few moments previous she was only able to speak in a very low tone. Hysteric females sometimes utter sounds like those of certain animals, dogs, etc., paroxysmally.

10) *Hysteria cardiaca et vascularis, cardio-* et *angiopathia hysterica.* Hysteric patients complain very frequently of palpitation of the heart and anxiety in the region of the heart; the former is sometimes visible; sometimes it occurs periodically, and becomes so violent that one would think the heart would burst out of the chest. The pulse is frequently irregular, slow and then again quick.

11) *Globus hystericus, pharyngopathia hysterica.* Sensation of constriction in the throat, as if a ball had lodged in it, sometimes relieved by eructations. Sometimes a spasm occurs when the patients attempt to drink. (*Hydrophobia hysterica.*)

There are other local forms of hysteria, which it is unnecessary to mention.

§ 243. The *anatomical changes* which have been discovered in the bodies of hysteric females, are not causes, but effects of the disease. The essence of the disease is very little known, the effect being generally mistaken for the cause.

Causes: Canstatt considers hysteria the hypochondria of females, and hypochondria the hysteria of males. Hysteria, however, is much more frequent than hypochondria: even girls of 12 and 13 years are suffering with hysteric symptoms. Feeble persons are principally attacked with hysteria, though plethoric girls and women are likewise liable to that disease. The more sensitive the female. the more liable is she to the disease. The modern systems of education, reading of novels, premature sexual excitement, sedentary habits, want of exercise, etc. favour the development of hysteria. Hysteria most frequently proceeds from the sexual organs: sterile females and young widows are most liable to it; painful, irregular menses are likewise an exciting cause; pregnancy frequently arrests and even cures the disease; vain longing, disappointed love, impotence of the husband, sudden privation of long-enjoyed sexual intercourse, etc., may lead to the disease; it may likewise be excited by a rapid succession of confinements, hæmorrhage, long-lasting leucorrhœa, long nursing, abuse of depletions and cathartics.

Exciting causes are likewise: bad digestion, constipation, dietetic transgressions, excessive use of tea, coffee, exhausting diseases, particularly fever and ague and abdominal typhus, violent emotions, anger, jealousy, etc.

Hysteria sometimes terminates in epilepsy, somnambulism, mental diseases, and partial paralysis.

Prognosis: It is unfavourable in this respect that hysteria is one of the most lingering and protracted diseases known to physicians. It is particularly difficult to treat when the disease was caused by emotions or by scanty menses which had been treated in vain for a long time previous. Bad symptoms are: Long

paroxysms of syncope, excessive dyspnœa, loss of the senses and of consciousness, foam at the mouth during the paroxysm; these symptoms precede the termination of the disease in epilepsy. Hysteric paroxysms during pregnancy are dangerous, inasmuch as they easily cause miscarriage; and likewise during confinement, because, by a process of metastasis, they may lead to mania puerperarum, exhaustion, etc.

§ 244. Before describing the treatment of hysteria, I will transcribe the excellent advice of Schœnlein to the practitioner: "The treatment of hysteria is a very difficult task for the physician, not only because the diagnosis is difficult, and the disease runs a long course, but because there are spiritual obstacles. The physician's patience is sometimes tried to the utmost: for, though persuaded that the disease is of very little consequence, yet he is constantly obliged to listen to the patient's lamentations, and to hear the same complaint repeated for the hundredth time, without getting impatient; for if he should excite the least suspicion in the patient's mind that he underrates her sufferings, her confidence is irretrievably lost. If a physician wants to treat hysteric females, he must show them the greatest sympathy, must patiently listen to their complaints, must not appear vexed or indifferent, unless he cares to be dismissed."

There are few remedies in the homœopathic Mat. Med. which have not been employed in the treatment of hysteria. Almost every organ and system has been visited by this disease, every function has been disturbed by it. And yet, the phenomena of hysteria are so evanescent that it seems impossible to indicate positive remedies for them. Nevertheless, guided by the nervous symptoms and the physical distresses of the patient, I will try to point out some of the principal remedies to the beginning practitioner.

For the hysteric paroxysm mentioned in § 241, one of the principal remedies is *Nux moschata*, which is particularly adapted to hysteric spasms and paroxysms of debility. It is indicated by a changeable disposition,

from excessive sadness to extreme mirth; by great languor after the least exertion; previous to the paroxysm, violent tearing in the body, and sensation as if she would faint. It is likewise useful when the disease came on after fever and ague, and abdominal typhus occasioned by spinal irritation, or when it was caused by disturbances of the sexual system, retarded and scanty menses preceded by pain in the small of the back as if a transverse piece of wood would be pressed out, attended with headache, languor, cardialgia with waterbrash, pain in the liver; the menstrual blood is thicker and darker, whereas at the time of the menses mere leucorrhœa took place.

Valeriana is indicated by a morbid irritation of the nervous system, sensation of languor, excessive sensitiveness of all the senses; there is no changeable mood, but a disposition to fear and despondency. The patient does not complain of a rising ball, but of sudden ascension of warmth from the epigastrium, with oppression of breathing, nausea as if she would vomit, first felt in the umbilicus and then extending to the pharynx, with sensation as if a thread were hanging down from the pharynx, ptyalism and vomiting.

Viola odorata has been recommended by some, probably because some hysteric patients prefer the smell of burnt feathers to the odour of a violet. *Viola* is perhaps indicated by much weeping without knowing why, by nervousness, constant distress in the chest, painful dyspnœa, laboured and painful breathing, with anxiety and occasional strong beats of the heart.

Secale cornutum is indicated by the peculiar spasms, the clonic and tonic convulsions, the phenomena of the mind and sensorium which we observe in hysteric patients.

Aurum. The chief indications are: excessive irritation of all the senses, great susceptibility to pain even when merely thinking of it, with inability to bear anything or anybody, religious melancholy, grief

about one's own-deserved fate, great anguish about the heart, dread of men, etc.

Pulsatilla ranks with *Aurum*, except that Aurum suits every constitution and temperament, whereas *Pulsat.* is principally adapted to females, and can scarcely ever be exhibited in the hypochondria of male subjects. Schœnlein recommends *Pulsatilla* in hysteria uterina as one of the most powerful remedies, particularly when the menses are scanty and attended with nervous paroxysms. He proposes very small doses, forgets, however, to state that he owes this piece of wisdom to Hahnemann and homœopathy.

Moschus is an excellent remedy in hysteria, when the following symptoms exist: Hysteric patients frequently complain of a feeling of pain in the whole body without being able to indicate the precise spot; the pains are felt more intensely, when inquired into; they shed tears while complaining of a general languor, with a feeling of malaise which increases to fainting; various kinds of spasms, to which hysteric females are subject, are relieved by *Moschus*, such as: sudden rush of blood to the head, with staring eyes and spasm in the mouth, followed by rapid, confused talking, after which cadaverous paleness with profuse sweat over the whole head; or: sudden paroxysm characterized by staring eyes with paleness of the face, heaviness of the head, pressure in the nape of the neck, coldness of the body, nausea, afterwards obscuration of sight, contraction of the pupils, loss of equilibrium, rigidity and extension of the right hand and fingers; sudden vanishing of sight from a slight pressure on the vertex, with great anxiety, palpitation of the heart and stupifying headache, or pain as if from a nail driven into the skull; oppression across the stomach and pit of the stomach, with anxiety; violent excitement of the sexual organs with intolerable titillation; suffocative constriction in the larynx, etc.

Conium suits unmarried females, particularly when the symptoms seem to proceed from the sexual sys-

tem; the patient complains of violent itching about and in the sexual organs, with pressing-down pain in the uterine region, and stitches in the vagina; the menses are suppressed, or too scanty; a smarting leucorrhœa which renders the parts sore, is almost always present, with frequently recurring, labour-like contractive pain in the abdomen. A characteristic symptom is a pressure in the pharynx, ascending from the pit of the stomach, as if a round body would ascend; the patient is sad and melancholy, dissatisfied with herself and every body near her; nervous paroxysms; when alone, the patient is disposed to weep, sob; this is followed by scintillations before the eyes and indistinct sight, so that the patient has to hold on to something, after which she feels languid and complains of a dull headache; or: weariness and chilliness, obliging her to lie down, with headache and violent palpitation of the heart, pain at every pulsation as if a knife were driven through the occiput, the beat of the heart being either strong, quick or fluttering.

I gave *Cocculus* with success for the following symptoms: frequently recurring hiccough, choking constriction in the upper part of the fauces, with dyspnœa and irritation as if cough would set in; retarded menses, which afterwards appear with abdominal spasms, anguish, oppression of breathing, spasms in the chest, attacks of nausea even unto fainting, and jactitation of the limbs.

I am obliged to confess, that the remedies which have been mentioned in the above paragraphs, by no means cure an hysteric paroxysm unless they are at the same time adapted to the disease itself. Instead of pointing out more remedies which relieve the paroxysm, I will mention a few medicines that are more adapted to the general hysteric disease.

Natrum muriaticum: I have frequently been tempted to believe that hysteric females are able, in a state of somnambulism or clairvoyance, to prescribe for themselves the remedies which are specifically adapted

to their condition, and that it is owing to this power of divination, of which the patients are not conscious, that they will swallow a quantity of salt, quantities of the chemically prepared vinegar (containing sulphuric acid), chalk, lime, etc. The same remark probably applies to the so-called idiosyncrasies, which impels them to desire Asafœtida as well as Moschus. May this appear hypothetic or otherwise, it is a fact that these strange desires and idiosyncrasies sometimes reveal the means by the employment of which the disease can be cured. I have frequently prescribed *Natrum mur.* with great success, when the particular taste of the patient for salt was the principal curative indication. Of course, Natrum mur. possesses among its pathogenetic symptoms far more certain and valuable therapeutic indications than the uncertain idiosyncracies of the patients; the principal of these indications are: frequent recurrence of the paroxysms in the day-time; speedy disappearance of the hysteric symptoms after sweat sets in; cadaverous paleness of the face and general debility during the paroxysm; drawing sensation from the left shoulder to the head, with pressing in the temples as if the head would burst, pain in the brain as if sore and bruised, constant nausea as if proceeding from the stomach, desire to lie down, and chilliness with heat in the face. Other indications are: general debility and frequent paroxysms of fainting; frequent sensation in various parts of the body as if they had gone to sleep; vivid, fanciful dreams during a light sleep; somnambulistic rising and walking in the room; sadness, grief, whining and melancholy mood, irresoluteness, great absence of mind; sudden disappearance of the headache with nausea; clavus in the left side of the head; and lastly the menses, which delay and decrease more and more.

Calcar. carb. is a good remedy for hysteria, particularly when the sexual system is unusually excited and the hysteric spasms show a tendency to assume the epileptic form.

Asafœtida corresponds to the following symptoms: pressure in the œsophagus, contraction of the throat, sometimes occasioned by a sensation as if a body were rising in the throat, which obliges the patient to swallow frequently; this pressure generally proceeds from the stomach, ascending along the œsophagus and producing the sensation as if a foreign body were rising in the throat, attended with nausea and a feeling of fulness in the pit of the stomach, compressive sensation in the abdomen.

Sepia is suitable to feeble females with a fine, delicate skin. *Sepia* corresponds to the following paroxysm: sensation as of an icy-cold hand between the shoulder-blades, followed by coldness over the whole body, suffocative spasm in the chest for several minutes, followed by clonic convulsions of the right limb, and twitching of the right limb and arm, when the limb is held; lastly, tremor of the lower extremities; the nightly sleep is disturbed by frequent attacks of anxiety, sudden fainting with profuse sweats and undisturbed consciousness, without, however, being able to speak or stir. *Sepia* is more suitable to sad than cheerful dispositions. For further symptoms, I refer the reader to the Mat. Med.

Magnesia muriatica corresponds to the following symptoms: liability to take cold, frequent attacks of a bruising pain throughout the whole body, sick feeling, fainting fits at table, with anxiety, nausea, pale face, photopsia (green and red colours.) trembling of the whole body, relieved by eructations; uterine spasms, pain in the small of the back, leucorrhœa; these last-named symptoms become more violent as the menses diminish, they appear periodically, and the spasms finally extend down the thighs and upwards, involving the whole abdomen, causing a painful hardness of that part.

Nitri acidum: Drawing sensation in the back, every day once or twice, changing to a griping in the sides, whence it passes along under the ribs to the pit of the stomach, where the patient experiences a twisting

sensation, and feels relieved after eructations; this attack is most violent towards evening, particularly when the weather is changeable; the patient constantly complains of a feeling of illness, and fainting, slight tremor through the whole body, sad, whining and melancholy mood. The globus hystericus, the many symptoms of abdominal hysteria, menstrual irregularities, spasms in the chest, etc., should likewise be present, if *nitric acid* is to do the patient any good.

§ 245. *Treatment of Local hysteria.*

1) *Hysteria cephalica.* The remedies used for local hysteric pains, must of course correspond to the general malady. *Valeriana* may be given for hysteric headache, when the pain is stitching or pressing, extending from the forehead to the orbits, with or without stupefaction and dulness, or alternating with these latter symptoms. If the pain should arise from an erethic state of the brain, or should be a paroxysm of a periodical nervous headache, *Belladonna* will be found preferable. *Mercurius* is adapted to a stitching-boring or tearing nightly pain, and *Phosphorus* removes such a pain when preceded by evening-nausea.

For the nightly headache of hysteric females I will name

Hepar sulph., when a pain sets in, on moving the eyes, as if the forehead would be torn out; and

China, when the pain is pressing and accompanied with sleeplessness.

For *hemicrania* I refer to *Chamom.*, *Cicut.*, *Colocynth.*, *Nux vom.*, *Puls.*, *Sepia*, *Cali carb.*, etc., also *Sulphur*, when the headache is periodical, returns every eight days, the pain is aching-tearing, stupefying.

For clavus I mention *Coffea*, *Bryonia*, *Ignat.*, *Aurum*, *Platina*. *Aurum* is particularly indicated for a roaring in the head, attended with palpitation of the heart, buzzing in the ears, swelling of the abdomen close above the pubic bones, spasms in that region, sexual excitement, changeable mood, excessive loath-

ing of life alternating with bright spirits. If the patient should be delirious, I give *Aconite* and *Belladonna*. If the head be cold, I give *Calcar.*, *Veratrum*, *Agaricus*.

If the hysteric headache be accompanied with obstinate sleeplessness and nightly canine hunger, *China* is indicated; *Silicea*, when there is much heat in the head, and rush of blood to the head; and *Hepar sulph.*, when these symptoms are accompanied with a crowding of ideas upon the mind. When sopor is present, *Opium* is excellent, particularly for stertorous breathing with open mouth and distorted, open eyes; *Antimonium tartar.* for an irresistible drowsiness even in the open air, in the day-time and evening; the patient cannot even keep herself awake by pulling the eyelids apart; *Magnes. artif.*, (Northpole), *Veratr.*, *Caust.*, *Bellad.*, *Sepia*, *Acid. phosph.*, *Puls.*, *etc.*

§ 246. 2) *Hysteric states of the mind.*

For the frequent repetition of certain syllables, words, sentences, tunes, I do not know of a single remedy which I could recommend, since such a state has never occurred in my practice. For the loquacity of hysteric females I have used with advantage *Arsenic*, *Belladonna*, *Hepar sulph.*; for a difficulty of speech, either from want of words or voice, *Cannabis*; for a feeble, imperceptible, heavy, stuttering speech, *Secale corn.*; for difficulty of speech, with jerks of the head and arms when uttering the words, *Cicuta virosa*. A melancholy mood in hysteric females requires, according to the characteristic symptoms, *Veratrum*, *Hyosciam.*, *Stramon.*, *Bellad.*, *Hellebor.*, *Anacard.*, *Opium*, *Aurum*, *Platin.*

Nymphomania belongs to these disordered states of the mind. It occurs very seldom, and is only seen in its most violent form during confinement. It may likewise occur as a local hysteria. Such an unnatural excitement of the sexual instinct, attended with affection of the brain and consequent delirium, voluptuous titillation in the sexual organs, anxious oppression and palpitation, is frequently removed by *Platina*, without the help of any other medicine. It may like-

wise be used during confinement, though *Bellad.* and *China* may likewise be indicated, particularly when a thin, fetid ichor is secreted instead of the regular lochia. *Veratrum* is indicated when the lochia are suppressed or very scanty during the nymphomania, attended with delirium. If the lochia should be suppressed, and the secretion of milk in the breasts decrease, attended with a painful sensitiveness of the external and internal sexual parts, *Zincum* is the best remedy; this is likewise the case when the disease had been occasioned by onanism, and when the menses, after having been suppressed for a certain length of time, reappeared suddenly with alternate paleness and redness of the face, and violent cutting and pressing in the abdomen and small of the back.

If nymphomania should arise from some of the many abdominal ailments to which hysteric females are subject, *Gratiola* might perhaps prove efficacious.

For nymphomania caused by sexual excesses, onanism, or by an unsatisfied sexual desire, *China*, *Conium*, *Anacardium*, *Staphysagria*, or perhaps *Aurum*, *Thuja*, *Mercur.*, *Ignat.*, *Nux vom.*, *Hyoscyam.*, etc., may prove useful.

§ 247. 3) *Hysteria spinalis.* This is generally, as I remarked in § 242, a drawing pain along the spinal column, upwards or downwards; but it may change to some other pain, or be a different pain from the commencement. For hysteria spinalis I recommend *Bellad.*, *Dulcam.*, *Digit.*, *Capsic.*, *Thuja*, *Mercur.*, *Sulphur*, *Carbo veg.*—If the pain should be accompanied with spasmodic contractions of the muscles, cramps in the calves, *Ipec.*, *Cuprum* and *Secale* should be considered. If the pain should be attended with paralytic conditions, neuralgic affections of the thoracic and intercostal nerves, nerves of the articulations, *Dulc.*, *Rhus t.*, *Plumb.*, *Stann.*, *Squilla*, etc., or *Puls.*, *Ignat.*, *Ars.*, *Moschus*, *Caust.*, *Cicut.*, deserve to be mentioned.

§ 248. 4) *Uterine hysteria.* To the remedies mentioned in § 244 I will add the following:

Cocculus, for suppressed or scanty menses, with oppressive abdominal spasms, flatulent distention of the abdomen, laming weakness of the uterine region, anguish, oppressed breathing, spasms of the chest, etc.

Causticum, when the menses are retarded, and the following symptoms are present: violent cutting in the abdomen as if all the contents of the abdomen would be torn to pieces, with a bruised feeling and tearing in the back and small of the back, particularly during motion and discharge of coagula, or attended with pains in the stomach, chest or small of the back, obliging her to bend double, sensation of oppressive fulness in the abdomen as if it would break, constant ineffectual attempts at eructations, aggravation of the pains when eating ever so little, or when standing erect or fastening the clothes round the hypochondria, relief being obtained by applying warm flannel and sand.

Phosphorus: retarded menses, cutting colic on the right side, towards the small of the back, violent pain in the back as if bruised, with vomiting, palpitation of the heart and anxiety, etc.

Acidum phosphor. may be substituted for Phosphorus when the above symptoms are accompanied with meteoristic distention of the uterus.

Pulsatilla and *Sepia* have already been recommended for uterine hysteria, (see § 244).

Stannum: Uterine spasms, characterized by repeated pressing deep in the abdomen, aggravated by external pressure, and accompanied by a constant and debilitating leucorrhœa. The uterine distress is generally accompanied by a crampy, tensive pain below and above the umbilicus, towards the small of the back, relieved by stretching the trunk, extending the arms and pressing the abdomen against something broad and unyielding, a table for instance. *Stannum* proved of little use to me when the patient complained of a digging stitching in the abdomen, at times on the right, at others on the left side.

Stramonium is excellent for uterine spasms with

profuse menses, hysteric states of the mind, and globus hystericus.

Magnes. mur., *Conium* and *Ignat.* should not be forgot in uterine hysteria.*

§ 249. 5) *Hysteria vesicalis.* The statements of the patient are not always sufficient to enable us to distinguish between an inflammatory and spasmodic affection of the kidneys and bladder. In such a case, all we can do is, to take a careful record of the symptoms of the disease, and to select a remedy in accordance with those symptoms.

The remedies which the patient had better try first, are: *Cantharides*, *Mercur.*, *Hepar s.*, *Bellad.*, *China*, *Mezereum*, *Colocynth.*, etc.—*Zincum* is excellent for burning pains, though it may likewise be tried for pressing-stitching, and lancinating sore pains.—Stitching pains in the renal and lumbar regions are cured by *Zincum*, *Lycop.*, *Canthar.*, *Dulcam.*, *Acid. sulph.*

For *hysteric ischuria and stranguria: Canthar.*, *Arnica*, *Digit.*, *Pulsat.*, *Nux vom.*, *Camphor.*, *Colch.*, *Sassap.*, etc., are the best remedies. (See § 177 and 223.)

§ 250. *Hysteria intestinalis.* The same treatment should be pursued here, which has been recommended for neuralgia of the abdominal nerves. (See § 196 and subseq.). The same remark applies to

7) *Hysteria gastrica* (see § 216); and to

8) *Hysteria pulmonalis;* (see § 230.) To this class belong the frequent nocturnal paroxysms of asthma preceding hysteric fainting fits, though these fainting spells may likewise be occasioned by a violent boring pain at a small spot of the head, as from a nail being driven in, or by a periodical pain in the stomach and bowels. For such paroxysms *Ignatia* is an excellent remedy. Other paroxysms of nightly anguish, particularly in delicate subjects, with whining disposi-

* *Magnes. mur.* is a specific for spasms of the ligaments of the womb. —*Hempel.*

tions and want of animal heat, yield to *Pulsat.* or *Veratrum*, according to the symptoms.*

9) *Hysteria laryngea.* I refer the reader to catarrhal fever, catarrh, laryngitis, tracheitis, bronchitis, phthisis laryngea, etc., where the treatment of cough, hoarseness, aphonia, is minutely described.—For a lisping, low voice, and for the frequent and sudden giving out of the voice, I recommend *Phosphor.*, *Platin.*, *Ignat.*, *Angust.*, *Spong.*, *Pulsat.*, *Antim. crud.*

§ 251. 10) *Hysteria cardiaca and vascularis.* Hysteric females frequently complain of palpitation of the heart and anxiety in the region of the heart, sometimes accompanied with great nervousness and debility. *Aconite* is generally the best remedy for this condition.

If the palpitation of the heart be accompanied with an oppressive pain in the stomach, extreme nervousness, languor, coated tongue, anorexia, etc., *China* or *Pulsat.* will have to be given.

The palpitation is frequently accompanied with fainting, vanishing of the senses, general insensibility; these symptoms, which are very evanescent, are relieved by smelling of *Nux mosch.*, *Moschus* or *Aconite.* These phenomena generally constitute symptoms of a general hysteric illness, which is very frequently removed by *Nux vom.*, to be repeated several times during the treatment. It is an admirable remedy for the hysteria of a so-called virago.

11) *Globus hystericus.* I refer the reader to § 244 for the remedies.

§ 252. *Eclampsia, acute epilepsy.*

A. ECLAMPSIA INFANTUM.

The disease is divided into the *precursory stage*, the *paroxysms*, and the *intervals.*

* Also to *Ipecacuanha. Hempel.*

Precursory symptoms are either wanting, or precede the disease for a shorter or longer time. They are: bad humour, whining mood, sudden starting as if in affright, starting during sleep, sleeplessness, screams without sufficient cause, frequent and rapid change of complexion, sudden relinquishing of the breasts; or the following group of symptoms will be observed: heat and redness of the gums during dentition, fever with eruptions, vomiting, stool looking like stirred eggs, acidity of the stomach.—By the term "internal spasms" we mean a distortion of the eyeballs, which the children roll upwards so that only the whites can be seen; the facial muscles are trembling, and the children seem to smile during sleep; the breathing is anxious and irregular; after a violent interruption of breathing, the children suddenly take a long and deep inspiration; their limbs twitch during sleep, they clench their thumbs and toes, and bend the feet towards the retracted abdomen. We frequently perceive a peculiar livid colour around the mouth and eyes; the nose and features become pointed.

Paroxysm: An attack of eclampsia is very similar to one of epilepsy; distortion of the features, staring, rolling and distortion of the eyes; throwing the head backwards, convulsive jerking of the chest and abdomen; panting breathing; hoarse cries, or moaning, rigidity and alternate shocks of the extremities. The face swells, becomes dark-blue, purple-red, gradually the whole body assumes the same colour, and the jugular and frontal veins swell; hands and feet frequently remain cold, though the temperature of the skin is elevated. Such a paroxysm should be termed: eclampsia cum hyperæmia, in contradistinction from eclampsia cum anæmia, with pale, sunken face and cold skin; the conjunctiva and cornea are deprived of blood, without lustre. In the former variety the spasms are rather tonic, tetanic; in the latter, clonic. The convulsions proceed from the face, or the abdomen, or chest.

Intervals: The paroxysms generally last a few se-

conds or minutes, sometimes a little longer; they are followed by languor or comatose stupefaction. The interval is sometimes very short, during which the symptoms of cerebral congestion continue, such as: hot face, injected eyes, restlessness or constant sopor, fever, etc. The more frequent the paroxysms, the more violent. In many cases the very first paroxysm terminates fatally.

§ 253. *Etiology:* Convulsions occur most frequently among infants, and among children of from 3 to 4 years. In many cases the disease is hereditary, and the disposition to such diseases is said to be known by the large skull, retarded closing of the fontanelles, white and delicate skin, feeble muscles, glossy eyes, rapidity of motion, frequent starting, particularly during sleep, frequent internal spasms, rapid development of the mental faculties. Other causes are: Emotions, fright, spasms of the mothers and nurses, mechanical pressure of the head during confinement; abuse of spirits and narcotics, mental efforts.

Also: Gastric irritation, hence the disease is apt to occur during the period of weaning; over-feeding, sour pap, etc.

Convulsions which occur during the first stage of febrile diseases, are no more dangerous than the chilly stage in full-grown individuals. If convulsions set in at the close of the period of dentition, Sydenham considers them as indications that the smallpox is going to break out, but that, on the other hand, the eruption will run a favourable course.

Prognosis: Very unfavourable, particularly among infants, and when the disease is hereditary; convulsions caused by poisoned milk, either of the mother or nurse, are almost always fatal. Convulsions from worms or gastric irritation, are less dangerous; the least dangerous are those which occur in the first stage of febrile or exanthematous diseases. There is great danger when the disease occurs without premonitory symptoms, when the paroxysms take place in rapid succession, are very violent, and do not even

cease entirely during the intervals; the child is in a constant state of sopor, the head is hot, the face remains livid, the child distorts the eyes all the time, boring with the head into the pillow. Robust children are more dangerously attacked than children with the opposite constitution.

§ 254. *Treatment:* See p. 107, vol. i. As I said under "*etiology*," the milk of the mother or nurse is sometimes changed to a momentary poison for the child, by various physical or psychical causes. Passions, for instance, make the milk so poisonous, that the infant, if nursing at that instant, will at once be attacked with the most violent convulsions. However, if the nursing be omitted for 3 or 4 hours, the danger is generally over, or, if the milk be drawn off by means of a breast-pump, the infant may then be put to the breast without danger. I consider it highly improper to lance the gums during a paroxysm of convulsions. Cutting teeth is the finale or summing up of a process of development which cannot be hastened or facilitated by lancing the gums. It is perfectly proper to undress the infant completely, in order to ascertain whether the convulsions are caused by the prick of a pin or by a tight bandage.

The lighter kinds of convulsions and their treatment have been mentioned in the article on dentition-fever. I will point out a few more medicines:

Cina is indicated by a spasmodic, dry cough which had existed for some time, getting worse constantly, and finally leading to spasms in the chest, with convulsions and distortions of the extremities, epileptiform convulsions with consciousness and shrieks; frequent, involuntary emission of urine between the paroxysms; worm-symptoms were likewise present, such as nausea, vomiting, occasional attacks of colic, eructations, loss of appetite, restless sleep, starting during sleep, cries, tossing about.

Rhus tox., when the child would like to sleep, but, scarcely asleep, starts as if in affright, great orgasmus sanguinis, throbbing of the arteries, spasmodic twitch-

ing of the limbs and muscles, lock-jaw, sometimes increasing to opisthotonos.

Arsenicum: Burning heat of the whole body, the infant is constantly licking its dry and parched lips with its tongue. The twitching of a single limb during sleep is a characteristic indication of *Arsenic*, and frequently precedes for a time the convulsions. A dose of *Arsenic* frequently prevents the convulsions, and terminates the disease as if by magic. The child is very hurried in his movements, expresses anguish in his countenance, symptoms which likewise point to *Arsenic*. For further indications I refer the reader to symptom 273 in the Mat. Med.

Arnica is suitable when a previous affection of the brain had left the brain dull and stupid, owing to the presence of a secretion in the cerebral cavities; other indications are: tremulous uneasiness in the limbs, obliging one to move them all the time and inducing the patient to cry out when the least attempt is made to touch them.

Platina, an excellent remedy in neuralgia and neurosis generally, is useful for spasmodic rigidity of the limbs without loss of consciousness, with spasmodic yawning and subsequent closing of the jaws, speechlessness, distortion of the eyes, involuntary motion of the eyes and corners of the mouth. During the intervals the patients are always lying on their backs, and, during their restless sleep, endeavour to uncover their limbs which are drawn up to the abdomen, with the knees apart, the face being pale and sunken. *Platina* is adapted to *eclampsia cum anæmia.*

Hyoscyamus is particularly indicated when the congestion of the head is characterized by unusual redness and bloatedness of the face, the child blavers a good deal, the abdominal muscles are spasmodically contracted, the convulsive movements of the body affect now one, now another part, attended with excessive wakefulness and involuntary emission of urine. *Hyoscyamus* is likewise indicated when the paroxysm

was caused by sudden fright. It corresponds to *eclampsia cum hyperæmia.*

Stramonium is suitable for lock-jaw, complete rigidity of the whole body, or rigidity of the extremities alternating with convulsive shocks; the patient lies in a deep sleep with stertorous breathing, and a quantity of urine is emitted; these symptoms are generally accompanied with great heat over the whole body, the patient drinks a good deal, the tongue is very dry, the features are distorted as if from pain, the face is red and as if bloated, the tongue seems paralyzed, deglutition is difficult. *Stram.* is principally indicated in *eclampsia cum hyperæmia.*

Cicuta virosa should be used when the child, having been playful and well a moment before, suddenly becomes rigid and immovable; in a few minutes a state of languor sets in, during which the child becomes prostrate. This paroxysm recurs frequently and lasts a little longer each time. *Cicuta* is likewise useful in frequently recurring paroxysms of eclampsia. During these paroxysms the extremities, head and trunk are moved and distorted in a strange manner, the face is swelled and bluish, foam is at the mouth, and, after the cessation of the convulsions, the child looks like insensible and dead.

Stannum: the convulsions come on whenever the child cuts a new tooth, increasing in violence each time; the child suffers of spasms more or less generally, and looks feeble and miserable.

Cuprum metallicum: excellent in the most violent convulsions from dentition, the whole head is bloated, and the face red and swelled, the child utters crowing screams; the attack is preceded by loathing and nausea, and a lethargic state, or a quantity of phlegm is forced up; when consciousness returns, the child writhes, screams, the abdomen is distended, with involuntary discharge of thin stool, occasional convulsive movements and distortion of the limbs; these symptoms are succeeded by new paroxysms, during which the child is without consciousness.

A principal remedy for such convulsions is *Zincum.* We give it for the lighter paroxysms, characterized by screams, shrieking during sleep without the child knowing any thing about it; but, if it should wake up, its features express fright, it looks about with great anxiety, as if waking from frightful dreams; the child's body is very hot on putting it to bed in the evening; in the day-time there had been a good deal of muscular twitching, more on the right than the left side; for several days previous the child had been irritable, peevish, whining, eating with a ravenous appetite, swallowing hurriedly, the abdomen distended as if from flatulence, with involuntary discharge of urine.

§ 255. B. ECLAMPSIA OF PARTURIENT WOMEN.

This disease depends upon a congestive state, in contradistinction from hysteric spasms, and spasms caused by exhaustion or loss of blood.

The precursory symptoms generally point to congestion of the brain, characterized by intolerable pain in the forehead which sets in suddenly in the most violent degree; vertigo, heat in the head; hallucinations, scintillations, ringing in the ears, diminution of sight even unto blindness, difficulty of speech, feeling of lameness in the extremities. The patient is out of her usual mood, melancholy, she treats those around her with indifference, her eyes are staring, with dilated pupils. The patient complains of a disagreeable sensation and pain in the præcordial region, nausea, vomiting, pressure and pain in the hypogastrium, sensitiveness of this region to external contact; the pulse is irregular, or hard and full; in parturient females the eclampsia is sometimes preceded by a violent chill. In some cases these precursory symptoms precede the paroxysm for days, in others for a few hours or minutes only; they may remain away altogether; the shorter the precursory stage, the more dangerous the paroxysm.

This paroxysm is almost like epilepsy. Automatic movements of the muscles take place; first the abdominal muscles, proceeding from the uterus; after that the spasm extends towards the chest, and the patients feel as though the chest were constricted, with violent palpitation of the heart; finally the spasms involve the neck, which is drawn backwards, and then go to the head and the extremities. A striking phenomenon is the deep, livid redness and swelling of the face and neck, violent throbbing of the temporal and carotid arteries, turgescence of the jugular veins, congestion and protrusion of the eyes; the patients become absent-minded, alternately delirious and in a state of sopor; this condition lasts more or less before the patient recovers her consciousness and complains of headache, languor as if she could not use her limbs; she has no recollection of the past. Another paroxysm sets in shortly after; if the paroxysms should occur in rapid succession, the consciousness does not return completely.

§ 256. *Etiology:* It is very probable that certain states of the weather, particularly great warmth and an electric state of the atmosphere, favour the development of the disease. It occurs between the period of conception and the period closely following the birth of the infant. It occurs very rarely in the first months of pregnancy, only towards the fourth and fifth month; it occurs more frequently about the seventh and most frequently during the act of parturition; it does not take place any more a few weeks after parturition. Robust, plethoric, irritable females are most liable to this disease. Convulsions of delicate and feeble parturient women are generally of an hysteric character; primiparæ are mostly attacked, and then most frequently during the act of parturition; when occurring during confinement, the disease sometimes constitutes the commencement of puerperal fever.

Prognosis. This disease is one of the most dangerous which can befal the female sex. Generally

speaking, one half of the patients die, and the fœtus is generally destroyed when exposed to several paroxysms. It is said that eclampsia occurring before the opening of the os tincæ, is more dangerous than that which occurs at a later period of the act of parturition. The more advanced the act of parturition, the less dangerous the convulsions. The prognosis is the more unfavourable the more violent and protracted the paroxysms; the more marked the venous phenomena, the more profound the sopor; the more oppressed the breathing after the paroxysm, the shorter the remissions between the paroxysms. Primiparæ are the most exposed.

§ 257. *Homœopathic treatment of eclampsia parturientium:* The remedies which require to be used in this disease, must of course be such as are capable of affecting the nervous system and the circulatory functions similarly to the disease under consideration. Such remedies are: *Opium*, *Laurocerasus*, *Stramon.*, *Hyoscyam.*, *Bellad.*, *Aconit.*, etc. The suitable remedy should be continued as long as it is indicated, and the physician should remain at the bedside of the patient until the danger is so far over that he can leave his patient without being obliged to fear any indiscretions being committed by the attendants in the administration of the medicine.

Belladonna is one of the principal remedies in this disease. It is particularly suitable to young married women and primiparæ with mild disposition, delicate skin, vivid complexion, moist eyes. The eclampsia for which *Belladonna* is a specific remedy, is characterized by: convulsions, spasms with cries, delirium, distortion of the eyes, stretching of the limbs, opisthotonos, etc.; loss of consciousness, insensibility, rattling breathing, deep and livid redness, swelling of the jugular veins, bloatedness of the face, strong and quick pulse, and violent throbbing of the carotids and temporal arteries. Even if the eclampsia should abate, the loss of consciousness still continues, also the obscuration of sight, the patient neither sees nor

hears, does not recognise any one of her family, from which we may infer that the sopor still continues.

Hyoscyamus is suitable when the spasms of pregnant and parturient females, particularly of the latter, set in after a good deal of blood had been lost during the act of parturition; the spasms resemble jerks that are felt like shocks, which continue even when the body of the patient is in a state of tetanic rigidity; when the spasms abate, the face becomes pale, the body collapses, though a complete stupefaction and loss of consciousness, a real sopor, continue during the intervals.

Stramonium corresponds to eclampsia which is similar to a paroxysm of delirium tremens. The circulation is in a state of erethism.

Opium is sometimes an excellent remedy when the disease was caused by sudden fright or joy; it can likewise be used as a fine palliative in some cases; a few strong doses of *Opium* will postpone the paroxysms, and this may afford the vital powers time to react effectually against the disease without any further medicine.

Laurocerasus is indicated when the eclampsia comes on suddenly, like a flash of lightning; either before or during parturition the patient is suddenly attacked with tetanic spasms and loss of consciousness, mingled with violent convulsions; the spasms return every fifteen minutes, but the patient's consciousness remains disturbed during the intervals. The body is in a state of collapse, the pulse being at times feeble and hurried, at others scarcely perceptible and scanty. In such cases *Laurocerasus* or *hydrocyanic acid*, in small doses, is perhaps the only remedy which can effect a cure.

Aconite is a most distinguished remedy for eclampsia; the symptoms of *Aconite* are so well known, that it is needless to repeat them here. For other remedies, I refer the reader to the chapter on eclampsia infantum.

It is of the utmost importance to endeavour by all

proper means to excite a uniform sweat all over the skin. It is therefore highly improper to uncover the patient unnecessarily during delivery, as it would be, on the other hand, injudicious, to excite an undue temperature of the skin by warm drinks, excessive temperature of the room, feather-beds, warming pans, and the like. Act calmly and considerately!

§ 258. *Chorea St. Viti, Scelotyrbe, Choreomania, Epilepsia saltatoria, Morbus gesticulatorius, St. Vitus' dance.*

According to Canstatt there are four distinct varieties of chorea:

1) Muscular jactitation, or the minor St. Vitus' dance;
2) the major St. Vitus' dance;
3) Mania saltatoria; and
4) Tarantism.

Symptoms of the first variety; precursory symptoms: derangement of the digestive functions, distention of the abdomen, loss of appetite, constipation, frequent weariness, absence of mind, low-spiritedness, mental excitability, anxiety. This condition may last for weeks, and even longer. The patients are rarely attacked all at once, except perhaps after a violent fright; they gesticulate in a strange manner, hands and feet are unsteady; they shrug their shoulders, throw their hands about, drag one foot after another in walking. These phenomena sometimes take place only on one side. Soon, however, the gesticulations increase to continuous twitching and strange motions of the whole body; the patients eat, talk and walk in a most awkward manner; they seem clumsy and ludicrous. Every attempt at voluntary motion at once excites the involuntary restlessness of the affected part. By holding the part, the involuntary motions increase; this likewise takes place when the patients suspect they are observed; anger and fright increase them likewise. Sometimes one side of the body twitches more than the other, or the twitching alter-

nates from one side to another; in some cases a series of muscles are attacked one after the other. The patients never complain of fatigue, even if the motion of the limbs should have been ever so constant. The spasms generally cease during sleep, although, in bad cases, the sleep is sometimes disturbed. After a meal, the muscular jactitation is worse. If the disease last a long time, the face becomes pale, the pulse is hurried towards evening, the patient becomes thin. Wichmann terms this *chorea Anglorum.* Schœnlein terms this and the following form *hysteria muscularis.*

Symptoms of chorea St. Viti major. It is paroxysmal, like epilepsy and eclampsia, from which it cannot always be easily distinguished. The paroxysms are a mingling of clonic and tonic, epileptiform, tetanic and opisthotonic spasms, or a combination of the strangest motions; the patients dance, crawl on all fours; they act as if they would fly, swim, they are tossed off the floor, make the wildest leaps, turn summersets, laugh in an extravagant manner, imitate the sounds of animals. Even the most violent paroxysms do not cause any fatigue. The patients are disposed to hide themselves in corners or behind other objects. Intermissions of several days occur at times. The paroxysms take place both at night and in the day-time. Symptoms of mental derangement are: excitement of the fancy, delirium, craziness, somnambulism, ectasy. After the paroxysm, the patients are generally ignorant of what had taken place. This species of St. Vitus' dance sometimes disappears quite suddenly, and the patients are cured.

Mania saltatoria. "This mania showed itself in its most extensive and striking form in 1374 and 1418, immediately after the terrors of the black plague, in Aix-la-Chapelle, in the Netherlands, Metz, Strasburg, etc. The so-called St. John-dancers (whose numbers were swelled by impostors and mendicants), men and women, danced for hours in succession, with wreaths on their heads, and the abdomen tightly bandaged, jumping about in the wildest bacchanalian style,

foaming and screaming, until they fell down exhausted. Then they complained of great oppression, and moaned as if they would die, until the abdomen was still more tightly bandaged, after which they felt better. The bandaging took place on account of the meteorism which set in after the paroxysm. Sometimes the meteorism was relieved by kicking on the abdomen, or striking it with fists. During the paroxysm the dancers had all sorts of visions. When the disease was at its height, the paroxysms commenced with epileptiform convulsions, the patients fell down without consciousness, with foam at the mouth, stertorous breathing, after which they jumped up and commenced their dance with frightful distortions. In a paroxysm of religious mania they sang during the dance, calling upon St. John for strength, in whose chapels the mania was appeased, and at whose festival it afterwards broke out again."

It is said that a species of mania saltatoria occurred in 1808 in the states of Tennessee and Kentucky among a sect of religious fanatics. The mania which *Boerhaave* observed in the Leyden orphan-hospital, the Bohnhorster St. Vitus' dance described by Albers in Hufeland's journal, 1813, April-No., p. 3, etc. etc., belongs under this head.

Tarantism. The poison of the tarantula, when inserted under the skin, frequently causes a considerable and intensely painful swelling spreading over the neighbouring parts. In a few hours melancholy, anguish, oppression of the chest, vertigo, general tremor set in; the patients become convulsed and delirious; the pulse becomes frequent and irregular; loathing and vomiting supervene. Unless help is speedily secured, the patients, in a few days, fall into a state of imbecility and melancholy. The heat of the summer, and the sight of another patient similarly afflicted, excite paroxysms of rage. Music exercises a peculiar charm over the patient; it excites a desire to dance, which he gratifies until he feels tired and overcome,

and goes to sleep covered with a profuse sweat; on waking he generally feels well again.

§ 259. *Etiology.* Persons with irritable nerves are more particularly liable to this disease, and women more than men; children from 9 to 15 years are principally attacked. The disease occurs more frequently in Northern than Southern countries.

Exciting causes: Fear, anxiety, fright; fright is one of the most powerful causes of the disease; imitative passion; this always excites the major St. Vitus' dance. Worms or gastric crudities never cause, but only excite indirectly, the disease, provided the patient was predisposed for it.

Prognosis: The disease scarcely ever terminates fatally or leaves secondary diseases. The prognosis is most favourable when the chorea occurs in the period of evolution; the prognosis is less favourable when caused by emotions or onanism. The first variety is more easily cured than the second, particularly when combined with symptoms of mania, epilepsy. Habitual chorea, termination in imbecility, epilepsy, cerebral affections, scarcely allow of any hope.

§ 260. *Treatment:* In describing the treatment of chorea, I shall not keep up Canstatt's classification, but generally describe the remedies which have a curative relation to St. Vitus' dance.

The medicines which have been successfully used in St. Vitus' dance, are: *Ignat.*, *Cupr. acet.*, *Calc. carb.*, *Bellad.*, *Asa*, *Sec. corn.*, *Stram.*, *Cina*, *Crocus*, *Hyoscyam.*, *Rhus t.*, *Caust.*, *Jod.*, *Puls.*, *China*, *Sulph.*

Ignatia should be used for chorea brought on by fright. *Opium* will probably be found useful under these circumstances. *Ignatia* is indicated when the paroxysm comes on immediately after dinner, a characteristic symptom of the first variety, which is noted by authors; the symptoms abate when lying on the back. The vacillating gait, the liability to fall and stumble over small objects, the trembling, the twitching of various muscles, the precipitancy of

volition and the subsequent anxiety which the patient expresses in his movements, point to *Ignatia.* *Ignatia* is, however, likewise a good remedy for the second variety of chorea, which has often been cured by *Ignat.* when caused by fright. I may here observe that epilepsy is probably very frequently mistaken for chorea, and that a pretended cure of epilepsy was probably one of chorea. This, however, is of very little consequence, as it is much better to know how to cure than to know the disease without knowing how to cure it.

Asa fœtida is of very little use in chorea, except perhaps where an irritation of the abdominal nerves by gastric crudities, worms or other causes, may have led to chorea. There is sometimes abdominal pulsation present, with twitching of single muscles, or convulsive motions of the same. The patients change their minds constantly, are restless, and become easily confused.

Belladonna is particularly indicated when the twitching is observed in the flexor-muscles, and the paroxysms are preceded by a creeping and a feeling of numbness in the muscles. The moral symptoms frequently point to *Belladonna.*

Cuprum acet. or metallicum corresponds to twitching of the muscles, sudden piercing cries, spasmodic distortions and motions of the extremities even when occurring at night, during sleep, mostly commencing at the fingers and toes and gradually changing to convulsions as the body becomes involved, attended with distortion of the mouth, alternate opening, closing and distortion of the eyes. Another species of chorea, for which *Cuprum* is indicated, is the following: Redness of the face, spasmodic distortion of the face, eyes and body, at times risus sardonius, at others violent weeping, anxiety, ludicrous gesticulations and desire to hide one's-self. These symptoms are either attended with melancholy and dread of society, or with an ecstatic mood. Gross has reported a case of chorea occasioned by fright, and characterized by involuntary motions of the right arm and lower limb, gradually

involving the other extremities, so that no part of the body could be kept still while waking, all parts being engaged in strange motions, and even speech being sometimes wanting. Afterwards Gross recommended *Calcar.* instead of *Cuprum.* Bethmann cured the following case with *Cuprum:* the attack came on in consequence of seeing a child in convulsions; there was a stitching and burning in the left arm, followed by violent convulsions of the arm, anxiety and weeping; the paroxysms returned 8 or 10 times within 24 hours, the fingers being seized first, afterwards the lower limbs, attended with heat in the face, sweat, thirst, neck drawn to the right side, frightful distortion of the eyes, face and body, afterwards some ludicrous exhibitions, hiding under the table; accompanied with irritable mood, at times mild and sensitive, at others contrary.

Agaricus muscarius is indicated by the following symptoms: slight twitchings here and there; slight distortion of the upper extremities; convulsive condition of the muscles of the head and neck, constantly; extreme mobility of the lower limbs, and the body generally. This medicine is particularly useful in mania saltatoria and tarantism.

Secale cornutum. In some cases I employed this medicine in conjunction with animal magnetism, and always with a good success; the magnetism was particularly useful when whole bundles of muscles were attacked at once, and even internal organs were involved. The paroxysm, for which I prescribed *Secale,* always commenced with oscillations of single muscles of the face, increasing to convulsive twitchings which produced distortions of either a frightful or ludicrous character. The spasm then suddenly shifted to an arm or foot, or to both arms or feet, causing a dancing, leaping or gesticulating motion of those parts. Or the spasm attacked the muscles of the chest and the diaphragm, causing loss of breath. The spasm was worst when affecting the abdominal muscles, in which case it was always painful.

Cina is very similar to *Secale.* The Cina-corea frequently occurs after dinner, in the evening or at night; the paroxysms are easily excited again by contact, or by pressing on the muscular parts that had been affected before. It is useful when the intestinal canal is irritated by worms or crudities; the convulsions of the various muscles of the extremities are attended with distortions of the extremities, and are at times interrupted by colic.

Stramonium should be used when the patients had been complaining of a creeping sensation in the limbs for a long time previous, with impeded motion and melancholy mood. These ailments frequently are more distinctly felt at the time of the fall-equinox, and are soon followed by the chorea-paroxysm, which has a peculiar character: it consists of violent, spasmodic movements of the extremities, almost always crosswise, of the left arm and right foot; afterwards the head is attacked, or only the muscles of the lower jaw, lips, etc.; or the patient rotates her arms and hands as if she would spin or weave. Other symptoms are: great mobility, the patient moves about so rapidly that all motion ceases at last, and the patient loses her sight; she moves about so hurriedly and with such force, that she is attacked with anxiety if she cannot accomplish at once what she wishes; she runs as fast as possible if she wants to go from one place to another; in going up stairs, she takes two steps because she mistakes them for one, and continues so until she falls; although her gait is vacillating, yet she moves her limbs with an ease as if she had not got any; they seem to her elongated, so that she imagines she touches the floor when her foot is still half a foot off. These symptoms include a great many that point to chorea, particularly to mania saltatoria. *Stramonium* is likewise indicated when the disease terminates in idiocy and religious mania.

Hyosciamus corresponds to jactitation of the extremities, as if the patient did not know how to keep the extremities in a proper position; after the paroxysm

the patient lies quiet, with his eyes closed. During the intervals the movements of the patient are likewise very hasty, he seems exceedingly busy, talkative, shows a disposition to laugh at every thing; and, if the disease should last a certain time, it terminates in idiocy, imbecility.

Crocus. With this remedy I cured one case of the following kind: the patient had complained of a twitching in the muscles for some time previous, which got worse at times and increased to spasmodic contractions of single bundles of muscular fibres; the patient suffered with bleeding of the nose, and felt the better the more profuse it was; the bleeding was preceded by a visible throbbing of the temporal arteries and a prostration of the child; the blood was black and tenacious. *Aconite*, *Arnica*, *China*, etc., were of no avail; on the contrary, the symptoms seemed to get worse; a few doses of *Crocus* stopped the disease. I was guided in the selection of *Crocus* by the cerebral congestion.

China corresponds to chorea caused by onanism, or loss of animal fluids by other causes; the patients are nervous, very sensitive to external impressions, etc.

Causticum is recommended by some physicians; I have never used it.

Rhus tox.: Twitchings in the extremities and muscles, unsteadiness of the extremities, vacillation of the extremities when attempting to stand or walk; it is particularly indicated for chorea occurring after a cold bath and repelled measles.

Pulsatilla, for the symptoms of which I refer the reader to the Mat. Med.

Iodium is probably suitable when the disease was partially caused by a morbid state of the abdominal nerves, when the stomach, liver, pancreas and abdominal glands are morbidly irritated, and the cerebral functions are sympathetically involved. These pathological states lead to uneasiness in the limbs with nervousness, and tremor from the region of the stomach to the periphery; trembling of the ex-

tremities, hands, fingers and eyelids; a vacillating, unsteady gait; inability to move the hand to the mouth in a straight line, pain on moving the body, hurried, small, wiry pulse; during rest the trembling parts can easily be held still; the spasms are violent in the back and feet, with convulsive twitchings of the feet and arms, occasional subsultus tendinum, sadness and lowness of spirits, particularly at the period of digestion.

Sulphur might perhaps be tried when the sudden suppression of an acute or chronic eruption seems to have caused the disease.

Chorea-patients are peculiarly charmed by music; chorea-paroxysms characterized by dancing motions, might perhaps be cured by music.*

§ 261. *Raphania, morbus cerealis, convulsio cerealis, ergotism.*

Raphania is a disease which is principally caused by eating spurred rye. There are two distinct varieties of the disease, the convulsive and the gangrenous variety, the former being probably caused by *Lolium temulentum*, the latter by *Secale cornutum.* The disease occurs epidemically at a period of famine,

* *Aconite* is a very useful agent in the treatment of chorea. Very lately I cured two interesting cases of chorea with Aconite. One was a case of three years' standing, the patient a girl of 7 years; it had come on after an inflammation of the lungs treated allœopathically. The left arm was the seat of the disease; the patient had no control over the motion of this arm; there was a constant twitching and jerking of the arm. The cure was effected in 3 weeks. The second case was that of a girl of 6 years. For several months past the parents had observed a good deal of twitching and jerking in the left lower extremity of the child, which increased gradually so that the child was unable to stand or walk; she could not sit still one minute; the upper extremities were similarly affected; she had to be fed; the mouth was constantly drawn to one side, with constant twitching of the corners; the head was drawn close to the left shoulder. The cure was effected in five weeks, with the tincture of *Aconite.* *Hempel.*

after a bad harvest, and is caused by the use of bad food generally, and spoiled grain in particular.

Symptoms of convulsive raphania. Precursory symptoms: Symptoms of languor and tiredness in the extremities, frightful dreams, restlessness, formication, stitching, cramps in the lower extremities, headache, stupefaction, vertigo, melancholy mood; constrictive sensation in the epigastrium, disposition to vomit, vomiting of a dark, or black-brown, imperfectly mixed bile.

These symptoms belong to so many diseases, that it would be impossible to select the proper remedy by those symptoms unless we knew from other cases before us that they were the precursory stage of the disease. In such a case the right remedy, if given at the commencement, will cut the disease short at once, without allowing it time to develop itself. Let us describe the disease more in detail.

The precursory stage lasts from 7 to 21 days, after which the disease assumes its true form. The pains in the extremities become more violent, and extend over the whole body. The patient complains of an intolerable burning in the feet, knees and hands tremble, and the upper and lower extremities are attacked by convulsive motions, particularly the flexor muscles, so that it frequently takes a good deal of force to straighten the limbs; the heels are forcibly drawn to the buttocks, the hands towards the shoulders. The very painful spasms are at first clonic: sometimes the clonic spasms are mingled with tonic spasms, opisthotonos, trismus, strabismus; a bloody foam appears at the mouth, as in epilepsy, the eyes are staring, or they are rolled about in a wild manner, the breathing is laboured, etc. Sometimes the patients retain their consciousness during these paroxysms, though, in some cases, there is headache, vertigo, furious delirium, screams, mania, melancholy, difficulty of speech, stupor or coma, deafness, ringing in the ears, optical illusions. Sometimes a cold sweat breaks out on the forehead or the whole body, the

urine is discharged involuntarily, the face has a jaundiced or livid appearance.

The paroxysms frequently last for hours, recur several times in the day, but sometimes intermit for several days. During the intervals the pulse remains natural, the appetite is good, frequently the patients have a sort of canine hunger; in other cases, gastric symptoms set in, such as cardialgia, nausea, violent thirst, heartburn, bilious vomiting, colic, diarrhœa, evacuations of a fœtid, liquid, yellowish matter; the skin is icy-cold, internally the patients complain of a burning heat.

When the disease terminates favourably, the convulsions abate; the disease lasts from 4 to 12 weeks. Sometimes phlyctænæ, filled with an acrid serum, form on the skin. For some time after, the patients continue to complain of trembling of the hands, weakness of the eyes, stiffness of the muscles and joints, lameness, etc. The disease terminates fatally when the tetanic spasms continue, or when paralysis or apoplexy sets in.

§ 262. *Symptoms of raphania gangrenosa* (*necrosis ustilaginea*). The precursory stage is almost the same as in the former variety: general malaise, tiredness, restless sleep with dreams, anguish; wandering pains in the back and lower limbs, spasmodic contractions of these parts, frequent attacks of violent pain and spasms, flushes of heat; pulse and appetite are generally unchanged; the abdomen is sometimes distended and painful; the urine clear and copious.

Gradually the convulsed limbs begin to feel numb, and the limbs that afterwards become gangrenous, are exceedingly painful; hurried, contracted, feeble pulse, sweat on face and head. The patient complains of a feeling of icy-coldness in the hands and feet, nothing can get them warm. Erysipelas is sometimes seen on the extremities.

All at once the pains in the extremities disappear, the icy-coldness increases, and sensation and motion disappear; mostly dry gangrene sets in, though in

some cases humid. In the former case, the limb becomes livid, the skin is withered, wrinkled, turns yellow; finally, the limb becomes black, dry, hard as horn. In the latter case, (humid gangrene,) the extremity swells, phlyctænæ filled with a yellowish, bloody serum, form on the skin, the muscles become soft, and the gangrenous parts spread a most fetid odor of putrefaction. The pulse becomes more and more feeble, the languor reaches the highest degree, symptoms of a torpid putrid fever set in, the features become sunken, fainting fits, delirium, coma, exhausting diarrhœa set in, and death takes place with the symptoms of gangrene more or less extended. Recovery is, however, possible, before gangrene sets in; and even after gangrene has set in, the gangrened limb may be separated from the healthy trunk by suppuration. In dry gangrene, the dead parts fall off without bleeding; in humid gangrene, the falling off is frequently accompanied with hæmorrhage. In many cases the sick limbs remain mutilated, atrophied, paralyzed. The gangrene sometimes extends to the toes, hands, feet, as far as the knee; in other cases the whole limb is lost. If the suppuration should be very profuse, the patient may die of hectic fever, unless the suppurative process should be stopped in time. (*Canstatt*).

§ 263. *Etiology:* Raphania is an endemic disease, and occurs at periods when men have to be satisfied with spoiled flour, in consequence of war, famine, bad harvest or weather. The corn itself is either disorganized or it is mingled with poisonous plants, such as: *Lolium temulentum*, *Raphanus raphanistrum*, *Nigella sativa*, *Agrostemma githago*, etc. Disorganizations of the corn take place by means of fungous formations shooting up on the grains, which may be termed *Sclerotium clavus*, *Uredo caries*, *Rubigo*. The corn may likewise get spoiled by moisture, fermentation, insects, and, in this way, its use may become hurtful.

There is no doubt that other causes concur in the

development of raphania as an epidemic disease; it is principally met with in marshy regions, in certain districts, and among men that are deeply sunk in misery.

Prognosis: The convulsive variety is less dangerous than the gangrenous. The more frequent the paroxysms, or the more they resemble epileptic tetanic spasms, the less favourable the prognosis. Favourable symptoms are: phlyctænæ and cutaneous eruptions, sweat, diarrhœa. In the gangrenous variety the prognosis depends upon the extension of the gangrene, and upon the disposition of the gangrenous process to limit itself; humid gangrene is worse than dry. Some epidemics are particularly malignant.

§ 264. *Treatment.* The precursory symptoms of raphania resemble a good deal the precursory symptoms of a violent inflammatory fever, and will therefore induce us to give *Aconite* in small doses. *Arsenic* is perhaps preferable to *Aconite;* it has the anxious respiration, the spasmodic palpitation of the heart, the peculiar coating of the tongue, the languor, etc., and has been successfully used by homœopathic physicians. I think, however, that it is more adapted to the gangrenous variety. *Belladonna* is likewise an important remedy: it has the burning heat, the violent, almost unquenchable thirst, and deserves a preference over either of the other remedies, when the nervous symptoms, the characteristic tremor of the extremities, the contracted and immovable pupil, the clouds and spots before the eyes are present. *Rhus tox.* is indicated when the disease resembles the typhus stupidus, without any remarkable spasmodic symptoms being present.

Stramonium and *Hyoscyamus* are important remedies, corresponding to the spasmodic symptoms which make their appearance soon after the commencement of the disease. *Stramonium* corresponds more to the spasms which take place when the disease is at its height; *Hyoscyamus* should be given at the commencement of the disease.

Subsequent observations have shown that the above-mentioned remedies are more suitable for the secondary diseases, particularly *Belladonna* for a peculiar kind of stupidity and nervous debility.

Solanum nigrum is recommended by Hahnemann as the most certain remedy for raphania. In Archiv. XI., No. 1, p. 92, Dr. Gross reports several cases of raphania which he treated with *Solanum nigrum;* I extract the following from his report.

"In the latter part of the summer of 1830 I was requested to send some medicine to a farmer who had been afflicted for some time past with epileptic spasms and rage. I was told by the messenger that a younger brother of the patient was afflicted with a painful creeping in the extremities with curvature of the hands; but as this disease was very common in his district, and was considered incurable, I was not to prescribe anything for it. Nevertheless I gave the messenger medicine for this second patient, four pellets of *Solanum nigrum* of the 30th att. I gave it on Hahnemann's recommendation contained in his "Lesser Writings," published by Dr. E. Stapf, vol. I., 1829. p. 162. The epileptic patient was to take a dose of *Hyoscyamus*, for it did not occur to me that he was suffering from the same cause as his brother. In a few days the father of my patients reported to me that his younger son was quite well, and that the other son had ceased raving, but was without consciousness, and that his limbs were spasmodically distorted; two other children had been attacked as the second son, and I was requested to cure them likewise. I found out that the elder son was likewise attacked with raphania, for which I now gave him *Solanum.* Some time after I was told that all these patients had got well, and I was requested to treat a number of other patients similarly afflicted, some of whom had gone into the last stage of the disease, convulsions and rage. I cured them all with *Solanum nigrum.* Afterwards I was called to two patients in my neighbourhood, one of whom I had an opportunity to examine.

He was a boy of six years, and had just been attacked. His hands were bent inwards, and his feet likewise. The boy was able to stand a minute or so, though the involuntary contraction of the flexor muscles gave him the appearance as if he would jump. There were symptoms of risus sardonius observable in the facial muscles. I gave him *Solanum nigrum* 15, 2 pellets. Next day he was unable to stand, and the hands were bent inwards more than before. On the third day the symptoms were as on the first, and on the fourth all symptoms of spasm had disappeared. It seems therefore that *Solanum* 30 acted better than a lower attenuation."

"Upon inquiry I am led to believe that the present disease was very similar to the epidemic of 1770 and 1771 in the district of Zelle, and minutely described by I. Taube in his "History of Raphania in 1770 and 1771, Gœttingen, 1783, oct." With us the disease came on suddenly, without, however, being as fatal as in the former epidemic; for then it terminated fatally very soon, if setting in without precursory symptoms. In both epidemics were observed convulsions and afterwards tonic spasms, curving inwards of the extremities; for instance, the wrist-joint entirely bent inwards, the fingers drawn to the palm of the hand, and the elbow to the chest, even tetanus; even epilepsy, idiocy, rage were observed in some cases, and indications of risus sardonius, even in the lighter cases. All these symptoms were removed in a few days by *Solanum nigrum.* Gangrene never occurred in our epidemic." For this condition *Secale cornutum*, as an isopathic remedy, would probably afford the best help.

For the highest degrees of this disease I dare not propose any remedies; the symptoms characterizing the last stages of the disease, are too various, and too much mixed up with medicinal symptoms, produced by *Valeriana*, *Camphora*, *Moschus*, *Opium*, etc., which are some of the remedies proposed for this dis-

ease, to admit of any one remedy being exclusively recommended for the last stage.

§ 265. The *second variety of this disease* is distinguished by longer duration, distinct exacerbations, paroxysms and remissions. I have seen a few mild cases of this variety, but always among low people who live in damp dwellings, on potatoes, potato-bread, etc. *Belladonna* seemed to be a good remedy, but I had to use other remedies with it to effect a cure; among others, *Ignatia amara*, which was particularly useful when the convulsive motions resembled those of chorea. *Cina* was used in one case with good success; the patient complained of crampy pains in the bowels, and vomited up some worms. In a similar case, where the convulsive motions increased at every new paroxysm, I gave *Cuprum acet.* with great benefit, and, in eight days, *China* for the remaining debility.

Even in this form of raphania, *Solanum nigrum*, *Secale corn.* and *Arsenicum* are the specific remedies, particularly when dry or humid gangrene is present.

§ 266. *Hydrophobia, rabies canina.*

The disease arises from the hydrophobic virus being inoculated in the bitten part.

Symptoms of hydrophobia. The first symptoms generally manifest themselves between the 7th and 40th day after the bite; there are said to be cases, however, where the poison remains latent in the system for years. The precursory stage frequently lasts from two to twelve days. The wound heals very shortly, as every other slight wound. If the wound should not be completely healed while the precursory symptoms are developing themselves, it assumes a livid and spongy appearance, and secretes an ichorous humour. If the wound was closed, it inflames again and breaks open; the patient complains of itching, pains striking from the wound or cicatrix along the nerve to the neck and trunk; the bitten limb frequently feels numb, or as if it had gone to sleep, or it becomes rigid or is convulsively moved.

General symptoms: Anxiety, melancholy, tendency to start, excessive apprehension about his condition and future; he wants to be alone, his sleep is restless, interrupted by dreams (about dogs), and starting as if in affright, or he is completely sleepless. The patient complains of languor, drawing pain in the nape of the neck and back, burning sensation in the fauces and stomach; sensitiveness to cold and draughts of air, alternate heat and chilliness. Frequently we observe vertigo, ringing in the ears, obscuration of sight, nausea, vomiting of green bile. The face is frequently distorted, pale, the eyes faint, the voice hollow and trembling, breathing oppressed, pulse small, urine pale. Many patients manifest an uncommon desire for an embrace, and a constant urging to urinate, the urine being discharged drop by drop.

Symptoms of the disease, when fully developed. We term this the convulsive, hydrophobic or furibond stage. The patient shows the most frightful aversion to liquids, in spite of his violent thirst; he cannot swallow, nor see, nor hear the noise of any thing fluid; whenever he attempts to swallow a few drops of water, his throat and chest become constricted, and the most violent, suffocative convulsions of the facial, cervical, thoracic and abdominal muscles take place; they are excited even by merely swallowing saliva, or by thinking of drink. The patient experiences a most violent sensation of oppression of the chest, and has to sigh frequently. In some cases the convulsions are excited by the least draught of air, the motion of the curtain, contact of the body; the eye dreads the light; shining objects, looking-glass, a burning candle, are painful to the patient, and excite his spasms; every kind of noise is unpleasant to him; hence it is that frequently, without any apparent cause, periodical paroxysms of spasmodic oppression, constriction of the fauces and larynx set in. At first there is a constant secretion of a thick, tenacious, frothy saliva; hence slavering and spitting, for fear lest the saliva should have to be swallowed.

At last rage breaks out, and tetanic or epileptic convulsions take place; periodically the patient is attacked with furibond delirium, during which his muscular strength increases to an enormous extent, and he can scarcely be controlled; at the same time he spits about, bites, endeavours to escape from his attendants, tears clothes and beds, howls, barks like a dog, and endeavours to destroy himself; his bloodshot eyes roll wildly in their sockets, and fright is depicted in the features of the patient. He is frequently attacked with epileptic convulsions or tetanus. The attacks last a quarter or half an hour. During the intervals the patient is entirely exhausted; he is generally conscious of himself, warns his attendants of the danger to which his rage might expose them, and prays them to terminate his frightful sufferings. Sometimes vomiting takes place, and men are attacked with priapism and seminal emissions, and women with furor uterinus. The pulse is up to 130 to 150 beats, small, irregular. As the disease increases, the paroxysms become more frequent and violent, until death ensues after 24 hours, two or three, and less frequently five to eight days, generally by exhaustion (apoplexia nervosa); towards the end the patient sometimes becomes quiet, is even able to drink, and dies quite composedly in a state of sopor, or in a violent paroxysm of convulsions, suffocated. Modifications occur in this disease as in any other, but the symptoms are the same, except more or less intense: for instance, in some cases the patient is able to swallow, in others he is able to swallow coffee, beer or solids, but no water; or the hydrophobic symptoms only occur during the paroxysms; or the patient is able to swallow water, provided he does not see it and his nose is kept closed. There are cases where the disease did not break out, but the cerebral affection was confined to anguish and sensitiveness; this is probably the case when the patient, after being bitten by a dog, is tormented by the fear that he will be attacked by the disease; this might be termed an imaginary hydrophobia.

§ 267. *Anatomical changes:* The bodies of hydrophobic subjects generally decay very rapidly; the blood is dark, fluid, and is rapidly imbibed by the tissues; the veins are engorged. Air is frequently found in the larger vessels, and emphysema develops itself rapidly. The whole surface of the body is blue-red, the epidermis very dry, all the muscles are dark-red, and, like the tendons, they are rigid and tight.

Causes: This disease develops itself spontaneously among the canine and feline races. Spontaneous rage has been observed among every species of those races, wolves, foxes, jackals and cats. The virus can be transferred to men and to all sorts of warm-blooded animals, horses, cattle, sheep, swine, goats; but animals that live on vegetables do not seem to reproduce the virus. The same remark applies to man, and all the observations which have been gathered on that subject, go to show that the bite of a man is not dangerous.

The primary cause of this disease is not known. It is supposed that it can be excited by excessive heat or cold, unsatisfied sexual instinct, decayed food, deprivation of fresh meat, want of water in very hot weather.

The rage of dogs is either raving or silent. Formerly it was supposed that a mad dog dreaded the water, that he had foam at the mouth, that he took his tail between his hind-feet, and went straight on in his course. All this is either false or only partially true. We now know that dogs, even in the last stage of the disease, do not always dread the water; on the contrary, real hydrophobia only attacks man. Foaming at the mouth and slavering occur only among dogs attacked with silent rage, etc.

Other and more important symptoms of hydrophobia among dogs are: Alteration in their conduct, restlessness, constant roving about, escape from their masters, loss of appetite, devouring of things which are not natural food for them, such as wood, straw, dirt, etc.;

constipation, vomiting, a peculiar rough, hoarse, howling bark, disposition to attack and bite people, hasty snapping at inanimate objects, altered, lean, shaggy, sleepy appearance, redness of the conjunctiva, photophobia; in dogs attacked with silent rage, the lower jaw is moreover depressed as if paralyzed; they blaver, the tip of the tongue is protruded between the teeth, and finally the hind-legs are paralyzed. Dogs attacked with rage, die after six or eight days, and sometimes even before that time, in an apoplectic fit.

The following anatomical alterations have been discovered in the bodies of mad animals: dark, tarry blood; inflammation of the pharynx, tonsils, epiglottis, larynx and mucous membrane of the stomach; pieces of undigested food in the stomach. Sometimes the duodenum and jejunum were found inflamed; the trachea and bronchi were filled with a tenacious, bloody foam, congestion of the brain and spinal marrow.

The hydrophobic virus is transmitted by the saliva or blaver being applied to a sore or a part covered with a very delicate epidermis. Contact is necessary to establish the infection. The flesh, spleen, or the substance of the nerves, do not contain any virus. It has no poisonous effect when received into the stomach. A peculiar predisposition on the part of the poisoned subject is likewise necessary to create hydrophobia. Not every bite of a mad animal is contagious, if the necessary susceptibility be wanting. Hunter relates that four men and twelve dogs were bitten by a mad animal: all the dogs died, but the men remained uninjured. In another case, twenty individuals were bitten by the same dog, but one only was poisoned. It is probable that the virus loses of its intensity, when several animals or men are bitten in succession, and that those only who were bitten first, are poisoned. Age, sex or constitution do not modify the action of the virus.

The hydrophobic virus retains its infectious power

for a long time; it attaches itself to straw, wood, clothes and other substances covered with the blaver of the mad animal; in this way the disease may be communicated a long time after a mad beast had been seen on the spot.

Physiologists differ as to the period how long the virus can remain latent in the organism before manifesting its destructive agency. This rarely takes place before the tenth day; according to some it has remained latent for months and years. This, however, may be an illusion, for hydrophobic symptoms may supervene while some other disease exists, and may thus lead to the belief of hydrophobia having set in. Spasms of the pharynx with dread of swallowing liquids, are observed in hysteric patients, individuals affected with typhoid and other fevers, local diseases of the pharynx, œsophagus, nervus vagus.—The development of hydrophobia in man can be hastened by excesses, emotions and passions, anger, fear, fright, sexual intercourse. (*Canstatt.*)

Prognosis: Not very favourable. Not every individual is poisoned by the bite of a mad animal. It is not probable that, if no ill effects have been observed for months or years after the bite took place, the disease will break out.

§ 268 and 269. *Treatment:* Hahnemann says in his preface to *Belladonna:* "A small dose of *Belladonna*, every three or four days, is the best preventive of hydrophobia: one or two doses of *Belladonna* will cure it." *Belladonna*, however, not being the only remedy for this disease, it may break out even though *Bellad.* should have been taken as a preventive, but it will probably be very much modified in intensity, and will then be easily combatted.

The treatment should be both *external* and *internal.* The external treatment, in homœopathic practice, consists in washing the wound, and afterwards covering it with lint or some fresh unsalted butter or simple ointment. The internal treatment must be conducted in accordance with the state of the patient. If the

patient had already been treated with the plaster of Cantharides or had been salivated, the homœopathic remedies have to be chosen with reference to the results of that treatment. It should be observed, that under homœopathic treatment, the patients experience no pain from the treatment; whereas the allœopathic treatment inflicts upon them untold tortures.

The principal remedies for hydrophobia are: *Belladonna, Hyoscyamus, Stramonium, Cantharides.*

Belladonna is principally indicated by the following symptoms: ineffectual attempts at sleep, anxious breathing, frequent desire to drink, though the patient rejects every drink which is offered; burning sensation in the throat with great dryness, red, bloated face and glistening eyes; excessive thirst with suffocative constriction of the throat on attempting to swallow liquids; (this constrictive sensation in the throat does not exist continually, but only at the commencement of every new attempt to swallow a liquid;) inability to swallow; fear alternating with a desire to snap and spit at those present, or to escape from the attendants; constant restlessness of the whole body, and jactitation of single muscles, particularly the muscles of the face.

Though Belladonna is not counter-indicated by convulsions of the extremities, yet *Hyoscyamus* is preferable when the convulsions are more permanent, when the spasmodic constriction of the throat is less violent, and there is not so much a desire to snap and spit at the attendants as to injure them in some other way. Hyoscyamus is particularly adapted to the following symptoms:

The patient complains of great dryness and burning heat in the throat, with stinging in the throat, and a suffocative constriction of the throat when swallowing; he has a dread of drinks because he is unable to swallow them, and, if he does succeed in swallowing a liquid, he is attacked soon after with spitting and with convulsions that deprive him of his senses. He is constantly delirious, even when there

is no paroxysm, or he is taciturn and exceedingly fearful, or he has paroxysms of rage during which he endeavours to injure others, and is so strong that he can scareely be controlled; frequently excessive anguish alternates with startings as if in affright, trembling and convulsions; he shows a peculiar fear of being bit by animals; at times the upper and lower extremities are only slightly convulsed, at others the extremities are spasmodically curved and the body is tossed off the bed; during such attacks the patient is often drenched with sweat. His face is red and bloated. There is some sleep, but it is disturbed by starting, and by anxious visions and dreams. In this respect *Hyoscyamus* is distinguished from *Belladonna*, which has ineffectual attempts to go to sleep.

Stramonium is indicated by the following symptoms: Restlessness, violent convulsions (of a rather tonic nature), during which the patient becomes so frantic that he has to be tied; he has no sleep, and tosses about his bed, uttering hoarse screams; he is delirious, without memory or consciousness; his pupils are very much dilated; violent desire to bite, and to tear every thing with his teeth; excessive dryness of the inner mouth and fauces; the sight of a candle, of a mirror or of water, throws him into frightful convulsions with irresistible aversion to water, constriction and convulsions of the pharynx, blaver at the mouth and frequent spitting; loquacious mania with gesticulations. dancing, singing, laughing.

Drs. *Hartlaub* and *Trinks* recommend *Cantharides* as a preventive of hydrophobia. I have no experience on this point. In my judgment, *Cantharides* should be recommended for the following symptoms: alternate paroxysms of rage and convulsions, the convulsions can be excited by touching the larynx, which is painful, in the region of the thyroid cartilage, by making pressure on the abdomen, and by the sight of water; the eyes look fiery and flushing, and roll about in their sockets in the wildest manner; the patient is scarcely able to swallow, especially liquids, on ac-

count of a burning and dryness of the mouth and pharynx. There is an excessive desire for sexual intercourse, with constant painful erections or constant itching and burning in the internal sexual parts. The oppression of breathing and anguish are less striking than in cases for which *Bellad.* and *Hyoscyam.* are indicated; the convulsions, however, are sometimes frightful. In general, *Cantharides* seems to be more indicated when the inflammatory symptoms are more prominent, and when the impeded deglutition does not proceed from a spasmodic constriction of the fauces, but the spasm proceeds from the inflammation of those parts or from the pains caused by the swallowing.

§ 270. *Symptomatic hydrophobia* is much less dangerous than the real disease: it is not contagious, and is not always attended with violent symptoms; the frightful anguish is likewise wanting, nor is there any blavering. It is not caused by virus; frequently by fright or anger, or it is a symptom of some inflammatory, nervous or hysteric disease, or attending a very acute eruption, or some other spasmodic or malignant disease. Fear and imagination, after an innocent bite, may, in very sensitive persons, cause the disease. The allœopathic preventive treatment with large doses of *Belladonna*, *Cantharides* and *Mercurius*, may likewise lead to a medicinal hydrophobia, which ignorant physicians might mistake for symptomatic hydrophobia.

To cure this disease, it is of the utmost importance to find out its cause. If it was caused by the continued use of large doses of *Belladonna*, large quantities of black coffee should be administered by the mouth and rectum, to be followed by one, two, three or four doses of *Hyoscyamus*. Repeated doses of *Camphor* may likewise be required, particularly if the disease was occasioned by the abuse of *Cantharides*. If there should be symptoms of poisoning by Mercury, *Camphor*, *Opium*, *Belladonna*, *electricity*, or some other of the

above-mentioned remedies will have to be given, in accordance with the prominent symptoms.

If, however, the symptoms should point to the existence of a more general and more deep-seated disease than symptomatic hydrophobia, in this case the physician will have to select one of the remedies mentioned in the preceding paragraphs; and this will be so much easier, as the hydrophobic symptoms constitute the more prominent symptoms of his patient's illness.

§ 271. *Morbus sacer, morbus caducus, epilepsy.*

Epilepsy consists of paroxysms of sudden and complete interruptions of consciousness and of the sensual functions, accompanied with convulsions. Every single paroxysm is a development of successive symptoms distinguished by stages. This development by stages is not regular in every case; in many cases one or the other stage is wanting.

First stage: A well-known precursory symptom is the so-called *aura epileptica*, though it is much less frequent than is commonly believed. It is a peculiar nervous action perceived by the patient, which emanates from the peripheral nerves and seems to extend itself to the brain, where it terminates in loss of consciousness; or it may terminate in this way at the præcordia. At times this aura epileptica manifests itself by cloudiness of sight, scintillations, ringing in the ears, illusions of smell or of the other senses; at other times its manifestations are a sensation of warmth, chilliness, titillation, prickling, formication, sensation of a cool breath or cool current of air; at other times again the aura is perceived as a spasmodic contraction, tremor, convulsive motion or sudden paralysis of some portion of the motor system, tongue, muscles of the extremities, palpitation of the heart, etc. Every part of the body may be the starting-point of this aura.

There are other precursory symptoms of less importance: Symptoms of congestion of the brain, vertigo,

headache, gastric derangement, morbid states of the mind, heart, respiratory and sexual organs, etc. Vomiting is very frequent.

Convulsive stage. In the greatest number of cases this stage sets in with a roar; the patient falls down without consciousness, after which all sorts of convulsions set in; distortion of the eyes, mouth, features, the forehead is drawn into wrinkles, the eyelids are alternately opened and closed, the muscles of the jaws are spasmodically affected; the tongue is convulsively protruded and drawn back, and in this way is frequently injured, which is to be inferred from the foam at the mouth; grating of the teeth, they are even broken by the violence of the convulsive friction; the head is spasmodically turned, inclined or bent backwards; the breathing is irregular, laboured, moaning; the face is livid and bloated; the frontal and jugular veins are swollen; the eyes are protruded from their sockets; the hands and fingers are spasmodically contracted; the thumb is clenched, (this is, according to Hufeland, the only muscle which remains in a state of tetanic rigidity, whilst all the other muscles are convulsively agitated; the clenching of the thumb is no constant symptom); the patients throw themselves about, and it is very difficult to protect them from injury; the trunk is curved and thrown about. Among men we sometimes observe priapism, emission of semen, drawing-up of the testes to the inguinal ring; involuntary emission of urine, involuntary stool; hiccough, sudden distention of the abdomen; eructations, vomiting. As soon as the convulsions set in, there is an entire loss of consciousness; this is the pathognomonic symptom of epilepsy, and where this symptom is wanting, the disease is not epilepsy; on the contrary, if this symptom should be present and the convulsions should be ever so slight, the disease is epilepsy.

It is important to know, that without loss of consciousness there is no epilepsy. The disease is frequently simulated with great success. If the patients

select a place where they can drop down safely, this is a sure sign of deception; for, in true epilepsy, consciousness is gone as soon as the convulsions set in. The same remark applies to the perceptive faculties: in true epilepsy, all the sensual functions cease, sight and hearing are suppressed, the skin is insensible to the most violent impressions, even cutting and burning. An impostor is not apt to bear such treatment. This stage lasts from a few minutes to half an hour.

Third stage (stadium soporosum or apoplecticum), stage of collapse, of muscular relaxation. The spasms abate, the breathing is easier, somewhat stertorous; the pulse is more regular, and the patient falls into a sort of comatose sleep, resembling that of an apoplectic person; on waking from this sleep, which has an uncertain duration, the patient knows nothing of what has happened, he feels languid, tired, sad, the head is confused and dull, he frequently complains of headache. Sometimes it takes several days before every trace of the attack has disappeared. The dulness and the forgetfulness sometimes continue for some time. It even happens that partial paralysis, strabismus, distortion of the eyes, delirium, or a somnambulistic, ecstatic, maniacal state remains after an epileptic attack.

In some cases the paroxysms set in typically, at certain periods and on certain days, sometimes every night (epilepsia nocturna); more frequently, however, the paroxysms occur at irregular periods, every week, month, or even once or twice a year.

§ 272. *Etiology: Causes:* The disease is hereditary; in this case it frequently happens that the disease first makes its appearance at the age of pubescence and then lasts until the patient's death. Congenital epilepsy may arise from the mother having had a fright during pregnancy.—The disease is most frequent and varied between the 6th and 11th year, after which the disposition decreases, increases again at the age of pubescence, and gradually disappears during manhood, but returns again in old age. Ac-

cording to Schœnlein, a particular formation of the skull, an extraordinary thickness of the bones of the skull, are predisposing causes of this disease. Nervous irritation, scrofulous and rickety diathesis, predispose to epilepsy. Celibacy seems to favour the development of epilepsy.

External causes of epilepsy are: violent emotions, fright, fear, anger, excessive mental labour, sexual excesses, onanism; sight of an individual in an epileptic paroxysm; worms, tænia, metastasis by suppressed itch, herpes; arthritic formations; local, mechanical irritants, such as: splinters, exostosis, occult caries, suppressed hæmorrhage, particularly suppressed bleeding of the nose, etc.

Prognosis. It is difficult to cure this disease. It is not fatal, but exposes the patient to great danger on account of the falling; it is troublesome, frightful, dangerous, were it only on account of the mere possibility of infection, and finally induces mental debility and even imbecility.

§ 273. *Treatment:* This disease is generally incurable, even under homœopathic treatment. It may be said that two thirds of all cases of epilepsy remain uncured. It is likewise probable that not all cases of epilepsy which are reported cured, were true epilepsy.

The treatment should commence, if possible, with removing the cause. Mechanical irritants have sometimes to be removed with the knife. Suppressed menses have to be restored. The apparent cause, however, is sometimes removed, and yet the disease will continue. As regards treatment, I refer the reader to the chapters on eclampsia, hysteria, and St. Vitus' dance, where a number of remedies have been mentioned that will likewise be found useful in the treatment of epilepsy.

According to v. Bœnninghausen, *Calc. carb.* and *Causticum* are two of the best remedies for epilepsy. He pretends to have cured a number of patients with them. *Calcarea* has the following two symptoms pointing to an epileptic paroxysm: While performing

some manual labour, standing, he suddenly falls down sideways, *with loss of consciousness;* after the return of consciousness he feels hot, and some sweat breaks out. The second symptom is: nocturnal epileptic fits, with screams, at full moon. The following considerations should guide us in the selection of *Calcarea:* It is particularly suitable to a venous-hæmorrhoidal, plethoric constitution, to a scrofulous and rickety diathesis, to young persons, and to females with irritable nerves and subject to menstrual irregularities, particularly to profuse and premature menses. *Calcarea* is an excellent remedy for epilepsy caused by onanism and by exposure in cold water.

In epilepsy of children, *Belladonna* is very often the best remedy; but there are cases where it remains ineffectual, even if strictly indicated by the symptoms. In all such cases, *Calcarea*, in alternation with *Belladonna*, will be found excellent.

Calcarea requires very often to be given in alternation with *Cuprum* and *Plumbum*. *Cuprum* has: convulsions with loss of consciousness, foam at the mouth, curving of the trunk outwards, pushing the extremities outwards, with open mouth. In purely nervous epilepsy, Lobethal prescribed *Cuprum* with good effect, and afterwards gave *Calcarea carb.* or *Causticum*. In epilepsy from fright, Vehsemeyer gave *Cuprum* and *Ignatia*, though *Hyoscyamus* is very often preferable, which has: The patient suddenly falls down with a scream, strikes about with his fists and feet, clenched thumbs and set teeth. Weigel cured the following case with *Cuprum:* The disease was occasioned by a fall on the head; every paroxysm set in at night, one or two days after the cessation of the menses, with loss of consciousness, moaning and rattling, foam at the mouth, clenching of the thumbs; at times the patient complained of crampy pains in the stomach, with loss of appetite and yellowish-white coating of the tongue.

For nocturnal epilepsy, Calcarea is probably of very

little use. *Opium* will be found preferable; at any rate, *Ignatia* would be better than Calcarea.

For a particular description of the epilepsy which is curable by *Plumbum*, I refer the reader to the article Plumbum in "*Hempel's Jahr.*"* It will there be seen that the Plumbum-epilepsy generally proceeds from the splanchnic nerves, thence extending over the sentient and motor nerves, and finally affecting the brain and the sensual organs. The Plumbum-epilepsy is generally characterized by precursory symptoms; after a paroxysm, paralytic symptoms frequently remain behind, or total or partial loss of consciousness for some time; a characteristic symptom is protrusion of the tongue, which is enormously swollen and is bitten by the patient.

Causticum may be an excellent remedy in convulsive and spasmodic attacks, but I cannot recommend it in epilepsy. It has only one trifling symptom pointing to epilepsy: "Sudden falling down without consciousness, during a walk in the open air, and rising again as suddenly." With all the other symptoms the characteristic loss of consciousness and perception is wanting.

Petroleum is said to have been useful in one case, but I cannot say any thing in its favour.

Cicuta virosa, which I have recommended for eclampsia, is likewise excellent in epilepsy. Beside the general and sometimes frightful convulsions, jactitation of the limbs, spasmodic contortions of the extremities, tossing of the body off the floor or bed, it has among its symptoms true epileptic paroxysms recurring at shorter or longer intervals, and characterized by strange motions of the head and trunk, lockjaw, foam at the mouth, bloated, bluish face, or else cadaverous paleness of the face, protrusion of the eyes, vomiting, feeble, scarcely perceptible pulse, *complete loss of consciousness*, and scarcely perceptible or completely interrupted breathing; previous to the

* Published by W. Radde, 322 Broadway.

paroxysm, the patient complains of a strange feeling in the head, great sensitiveness of the eyes to the light, he is delirious while walking about; with slow pulse; generally, however, the paroxysm sets in without precursory symptoms, and commences with a sudden fall; after the paroxysm the breathing is free, but the patient remains lying in a state of unconsciousness, insensibility, lethargy.

Lachesis is said to be one of the best remedies for epilepsy, next to *Bell.*, *Caust.*, *Cicut.*, *Hepar. sulph.*, *Calc.* and *Silicea;* I am sorry to say, however, that I am entirely unwilling to take the responsibility of recommending it.

Hepar s. is recommended for epilepsy, but I think it can only be employed against certain incidental symptoms, and even these are better removed by *Aurum*, *Calc. carb.*, *Nitri ac.*, *Sulphur*, etc. *Hepar* suits scrofulous and psoric constitutions, affections of the reproductive system occasioning epilepsy, mercurial cachexia, secondary syphilis, tuberculosis, excessive irritation of the olfactory nerves, illusions of smell.

Agaricus muscarius has: epileptic paroxysms with great muscular exertions; but they are so vaguely expressed that we cannot avail ourselves of such indications.

Alumina has been proposed, but without reason, in my judgment.

Camphor is, in many cases, an excellent palliative; it shortens the paroxysms, and, in this way, contributes to the cure of the disease. The paroxysms for which *Camphor* is indicated, are generally accompanied with rattling, redness and bloatedness of the face, jactitation of the limbs, and even twitching of the tongue, eyes and facial muscles, with hot, viscid sweat on the forehead and head, and *complete loss of consciousness;* the attack commences with a horrid cry, sudden falling of the patient, with foam at the mouth; after the paroxysm the patient lies in a state of sopor, with slow, laboured breathing; on waking, he finds it difficult to recover himself.

Stannum acts on the whole animal and vegetative sphere, and on single nervous trunks and plexuses, particularly on the genital organs of both sexes, where the epileptic malady frequently has its origin. The symptoms which indicate *Stannum*, are : Epileptic paroxysms, particularly in the evening, with clenching of the thumbs, or bending the head backwards, pale face, twitching of the hands and eyes, loss of consciousness. *Stannum* is particularly adapted to epilepsy of children, though it likewise cures epilepsy in any other age.

Silicea is suitable to scrofulous and rickety patients, and for epileptic paroxysms proceeding from the cerebro-spinal system of nerves. It is indicated by the following symptoms: *Loss of consciousness* after a sensation of great coldness in the left side of the body, frequent slumbering and starting as if in affright; the patient talks unintelligibly, does not know any body, becomes so feeble that he is unable to turn to the other side; afterwards violent convulsions with staring look, distortion of the eyes, twitching of the lips, utterance of inarticulate sounds, stretching and turning of the head sideways, distortion of the extremities, afterwards a horrid roar, lachrymation, foam at the mouth; lastly, warm sweat over the body, easy breathing, slumber, and, in a few hours, return of consciousness and speech. Silicea likewise relieves nocturnal epileptic paroxysms, particularly when taking place at new moon: the body is stretched out, and afterwards tossed off the floor; these paroxysms take place without the usual cry.

Nux vom. may be tried in epilepsy characterized by the following symptoms: Ascension of heat to the heart, thence to the throat, with nausea and oppressive anguish, trembling; lastly, the heat goes to the head; crampy sensation, without much pain, in the muscles of the extremities, back, scapulæ, etc., succeeded by speedily passing convulsions which recur in paroxysms and are easily excited by contact; convulsive paroxysms with disfigured countenance and ri-

gidity of the muscles; closing of the jaws, extension of the trunk, the pulse being little altered, but hearing and tact being extremely sensitive; tetanic convulsions are excited by the least contact or noise; extremely painful muscular contractions which continue from 3 to 4 minutes and are interrupted by a violent spasm, with the body drawn considerably backwards, feeble beating of the heart, small and scarcely perceptible pulse; tension in the temples and nape of the neck, shortly involving all the muscles of the trunk and extremities; this tension or rigidity is not continuous, but comes in momentary paroxysms, increasing suddenly; these spasmodic contractions are frequently preceded by a violent chill and shuddering, and succeeded by formication and painful sensations along the nerves in the extremities, which the patients compare to electric sparks passing through the parts; after the chill, the spasms set in with greater violence than before, so much the more, the more violent were the precursory symptoms; every three or six minutes the patient has an attack of frightful spasms through the whole body, a real tetanic spasm, with opisthotonos, retraction of the pectoral muscles, loss of consciousness, rigidity of the extremities, excessive hardness of the muscles, contortion of the eyes, cherry-red face, etc. For further indications, I refer the reader to Hempel's Jahr.*

Beside the above mentioned remedies, the following medicines may be considered: *Secale corn.*, *Solanum nigr.*, *Magnes. carb.*, *Sulphur*, *Lycopod.*, etc.

§ 274. Schœnlein mentions several other kinds of epilepsy, in accordance with the part where the paroxysm commences. I will mention them cursorily, and name a few remedies which I have found useful in the treatment of those varieties.

First:

Epilepsia abdominalis, ganglionic epilepsy. At first it is imperfectly developed, and runs through a

* Published by Radde, 322 Broadway, N. Y.

succession of degrees which Schœnlein divides into two classes. In the first period, the patients complain of a gnawing, contractive, or burning and stitching pain in the præcordia or umbilical region; this pain changes to the above described sensation, the aura epileptica develops itself upwards and gives rise to various morbid sensations in the abdomen, such as: constrictive pain in the stomach, sensation of tightness and distention, loathing, eructations, disposition to vomit, vomiting of an albuminous fluid, momentary symptoms of jaundice, etc. If the aura reach the pineal gland, the sensual functions are disturbed, the sight vanishes, there are luminous vibrations before the eyes, and a slight, transitory vertigo. This stage sometimes lasts a few weeks, sometimes, however, a year and upwards.

Second period: The more important parts of the brain, which are the instruments of the higher functions of the soul, become involved. The paroxysm commences with a constrictive or titillating pain in the region of the umbilicus, changing to the aura epileptica, which flashes over the chest to the head, with loss of consciousness, falling and convulsions; afterwards the patient falls into sleep, and, on waking, is unconscious of what has just passed. At first the paroxysms occur seldom, afterwards more frequently, and even eight or ten times in 24 hours. This kind of epilepsy is influenced by the moon; the paroxysms are most frequent and last longest at the time of full moon.

Etiology: The disease occurs principally between the 7th and 11th year; among poor people that are subject to acidity of the stomach, it is excited by ascarides, tænia (which is known to be influenced by the changes in the moon's disk); according to Schœnlein, this kind of epilepsy is apt to develop itself after epidem c scarlatina.

Prognosis: This kind of epilepsy is generally curable.

Treatment: For the treatment, I refer the reader

to §§ 28, 41, 44, 53, 108 of vol. i., and to the preceding paragraphs. I recommend particularly *Ignat.*, *Chamom.*, *Cina*, *Bellad.*, *Nux vom.*, *Merc.*, *Stannum*, *Cupr.*, *Magnes. carb.*, *Calcar.*, etc.

§ 275. *Epilepsia uterina.*

Schœnlein distinguishes chlorotic and plethoric uterine epilepsy. Both varieties have two periods. In the first period the patients experience a constrictive sensation proceeding from the uterus and rapidly ascending, as globus hystericus, across the chest to the brain, causing blackness of sight, scintillations, which obliges the patients to sit down lest they should fall. In the second period, complete epileptic paroxysms with loss of consciousness, and convulsions, set in. In the chlorotic variety the face remains pale, chlorotic; there is no symptom of vascular excitement. This excitement takes place in the plethoric variety; even several days previous to a paroxysm the patients complain of increased warmth in the head, which is hot to the feel, of redness of the face, and headache; during the paroxysm the eyes are congested and protruded, the breathing is hurried, there is a bloody foam at the mouth, and even blood-spitting. In both varieties the menses are disturbed. The chlorotic epilepsy principally takes place with feeble, nervous, chlorotic individuals at the age of pubescence; the plethoric variety, on the contrary, during the period of womanhood. The disease is principally excited by violent emotions, such as anger, during the menstrual period, arresting or suppressing the menses; likewise by hysteria, disorganizations or retroversion of the uterus.

Prognosis: Not unfavourable; plethoric epilepsy is sometimes more easily cured than the chlorotic variety.

Treatment: For the treatment I refer the reader to the paragraphs on menstrual irregularities. If the disease should be occasioned by retroversion of the uterus, this organ should first be restored to its na-

tural position. The remedies are the same as those which have been mentioned for epilepsy generally, particularly those which have particular relations to the female sexual organs. The following remedies deserve particular consideration in either variety: *Platina*, *Ignat.*, *Pulsat.*, *Sulphur*, *Conium*, *Magnes. mur.*, *Colocynth.*, *Staphys.*, *Phosphor.*, *Cocccul.*, *Caust.*, *Stannum*, etc.

§ 276. *Epilepsia testicularis.*

It runs the following course:

First period: From time to time, generally at night, the patients complain of a violent drawing pain in one, less frequently in both testicles, which are spasmodically drawn to the abdominal ring. In a quarter or half an hour, these phenomena terminate in vomiting, or, more frequently, in a seminal emission; vertigo and vanishing of the senses occur very seldom. This period lasts for months, and frequently a whole year and upwards.

Second period: The genital organs are again irritated; the attack, however, does no longer terminate in vomiting, but the head is attacked, the patients fall down without consciousness, and the characteristic convulsions take place; the paroxysm terminates with an emission of semen. As the disease progresses, the irritation in the genital organs disappears, and the epileptic paroxysm sets in without any precursory symptoms.

Etiology: The disease occurs at the age of pubescence, in consequence of a want of seminal emissions, irritation of the sexual organs by novel-reading, onanism, attempts at sexual intercourse; also among men who had indulged sexual excesses and suddenly practise abstinence.

Prognosis: Favourable, when the disease is treated at the commencement.

Treatment: It is particularly in the first period, that the disease should be grappled with; a cure will then be found very easy. Novel-reading and onanism

should be given up entirely; the sexual intercourse should be practised moderately. For the excessive irritability of the sexual organs, I recommend: *China*, *Acid. phosphor.*, *Staphys.*, *Calc. carb.*, *Sulphur*, *Sepia*, *Natrum mur.*—The ill effects of extreme abstinence are best met with *Conium*, *Phosphorus*, *Nux vom.*, *Sepia*, etc.—For excessive seminal emissions, I recommend: *Sulphur*, *Sepia*, *Conium*, *Phosphorus*, *Caust.*, *Bovista.*—For the drawing pains with spasmodic drawing up of the testes: *Thuja*, *Rhodod.*, *Pulsat.*, *Zinc.*, *Nux v.*, *Terebinth.*, *Clematis*, *Nitri ac.*, *Coccul.*

The second period of testicular epilepsy requires the same remedies as all other epileptic paroxysms.

§ 277. *Epilepsia thoracica.*

This disease is occasioned by an irritation of the pneumo-gastric nerve. Schœnlein furnishes the following description of this disease:

"*First period:* Towards evening, the patients, who are frequently roused from sleep by it, are attacked with a sensation of great tightness, oppression of the chest, so that their breathing becomes laboured and panting, without, however, any stitching pain being felt. This constrictive sensation commences at the ensiform process, thence extending over the chest, frequently with a sensation as if a current of air (a breath of air) were ascending. The attack lasts from a quarter to half an hour, and even longer, and either terminates with spasmodic cough, where but little phlegm is raised, or with luminous vibrations before the eyes, and vertigo. This period sometimes lasts several months, or even years. In the latter case, the paroxysms are much more frequent and violent during winter than during the summer-season.

Second period: The patients are roused from their sleep, they utter peculiar sounds, like those of beasts, sometimes screams, and are attacked with convulsions, which are frequently so violent that the patients are thrown out of bed. Towards morning they feel very much exhausted, and, if injured by the fall, won-

der how those injuries came to take place, as they have no recollection of any thing that took place during the night. At first, the paroxysms occur only at night; afterwards, if the disease should continue, the paroxysms likewise take place in the day-time, but even then the nocturnal paroxysms are always more frequent and violent than those which occur in the day-time."

Etiology: The disease occurs principally among young men; the most frequent cause is: suppressed itch, but this is not the only cause, as is supposed by Autenrieth; it can likewise be occasioned by exposure to wet, and by taking cold while sweating profusely.

Prognosis: Not unfavourable.

Treatment: An excellent remedy is *Aurum metal.*, for great tightness of the chest, with a crampy contractive sensation in the chest at night, and a constant sensation of taking a deep breath, which is frequently accompanied with violent palpitation of the heart.

Next to *Aurum* we have *Arsenic* for nocturnal suffocative oppression and dyspnœa, with considerable palpitation of the heart.—*Colchicum* deserves consideration if the disease occur by exposure to wet while sweating profusely.

Sulphur is one of the principal remedies for epilepsia thoracica from suppressed itch. It is indicated by the following symptoms: Arrest of breathing, frequently, during sleep; the patient has to be roused from sleep, lest he should suffocate; sudden dyspnœa, at night, in bed, while turning to the left side, going off on rising; after falling asleep, at night, her breath was gone, she was going to suffocate, started up with a loud cry, and was unable to recover her breath; violent palpitation of the heart towards morning, followed by a light sweat; suffocative paroxysm, at night, during sleep, without great pain; great weakness of the chest, particularly troublesome at night when getting into bed, so that he is unable to remain long in one position.

Sepia ranks with Sulphur, in the first period of the disease, and is particularly indicated by the following symptoms: Considerable oppression of the chest, in the evening, rendering the breathing very difficult, and obliging her to sit up in bed; luminous vibrations before her eyes.—He wakes in the night, with oppression and tightness; he had to breathe heavily and deeply for an hour; afterwards cough with raising of tenacious mucus.—These symptoms correspond to the first period, when the aura is confined to the chest and ends in cough with expectoration of mucus, or when the head is involved, with luminous vibrations before the eyes. *Sepia* is likewise one of the remedies, according to Hahnemann, which is best adapted to the ailments arising from suppressed itch.

Sulphur and *Sepia* may likewise be used to advantage when a cutaneous eruption had been suppressed a long time previous, and the present disease had developed itself afterwards by some accidental cause, such as a cold, exposure to wet, violent emotions, etc.

In the second period, the same treatment should be pursued which has been indicated for epilepsy generally, except that particular reference should be had to the remedies which relate to nocturnal paroxysms, such as: *Calcarea*, *Kal. carb.*, *Cuprum*, *Sec. corn.*, *Arsenic*, *Ipec.*, *Moschus*, *Lycop.*, etc.

§ 278. *Epilepsia peripherica.*

It is probable that the exciting cause of this epilepsy is seated in one of the peripheral nerves of the extremities, if this nerve have been wounded or injured in some way or other; if the patient, previous to the paroxysm, experience pain, or some other disagreeable sensation at the place where this nerve is located; if the aura commence at this nerve, and, in its development towards the brain, follow the branches which belong to the nerve; or if, by tying up the nerve, the development of the aura can be interrupted. Sometimes it is a cicatrix or a hardness deep under the skin, which leads to the suspicion that the epilepsy

arises from one of the peripheral nerves. The irritation of one of the peripheral nerves has to be permanent, if it is to cause peripheral epilepsy : for instance, a buckshot, ball, piece of wood, must press upon a nerve constantly; or the irritation must arise from morbid products which have been formed in the organism, such as: exostoses, arthritic concretions; or lastly, metastatic formations, such as: suppressed itch.

Prognosis: Always favourable if the cause can be removed, and the disease is not too far advanced.

Treatment: The same as that of the other varieties.

I omit the other varieties of epilepsy, such as: *epilepsia protopathica*, arising from fright, anger, etc., *epilepsia spinalis*, proceeding from the spinal marrow, etc., because the treatment is entirely the same as that of any other variety.

TWENTIETH CLASS.

§ 279. *Cyanosis.*

At first this term was used for a particular disease of the heart; but, inasmuch as other diseases, chlorosis for instance, exhibit similar phenomena, especially as regards the composition of the blood, I shall consider cyanotic and chlorotic diseases under the same head, as belonging to the same family.

The blood of all cyanotic patients is excessively fluid, coagulates with great difficulty, and never forms a perfect crassamentum ; there is always a disproportionate quantity of serum; the blood is seldom red, generally dark-coloured, with a violet or blue tinge; not only the mass of the blood itself, but also its component parts, crassamentum and serum, are specifically lighter than in a healthy state; there is less fibrine and albumen, and more aqueous matter. Respiration and digestion are likewise altered ; the former is accelerated, short, painful, though percussion and auscultation do not reveal any changes in the

respiratory organs. The appetite is likewise extremely variable, at times much less, at others considerably augmented; sometimes the patient exhibits a craving appetite for unnatural things, such as whale-oil, tallow, fat, chalk, etc. The muscular and nervous systems are likewise very much disturbed, the patient complaining of mental and physical debility. The patient feels cold; the skin is blue or dingy-yellow; similar changes of colour are seen in the urine. As the disease increases, the ordinary secretions diminish; the cutaneous secretions are either limited or completely suppressed; the alvine evacuations likewise; sometimes nothing but blood is passed.

Anatomical changes: the muscles are either dark-brown or extremely pale; they are deficient in cruor; they can easily be torn, are soft and their volume is considerably diminished. The veins are engorged with blood; the substance of the heart is dark-brown, soft and easily torn.—The spleen is frequently enlarged, and in this case, softened; sometimes contracted, and, in such a case, indurated, hepatized, and even of a cartilaginous consistence.—In the cellular tissue the fat is either wanting entirely, or, in its place there is only water, or, in some cases, venous blood; or we discover an albuminous fluid with some remnants of fat.

§ 280. *Etiology:* Hereditary disposition; organic defects; a particular period, for instance, the period of evolution and involution; cyanosis cardiaca of children; chlorosis at the age of pubescence; scurvy at the period of involution; in all patients we observe great changes in the respiratory functions.

External causes: want of food, bad food; atmospheric causes, air devoid of oxygen, impregnated with animal and vegetable effluvia, or with mercurial vapours, chrome and the vapours of chlore, or with the vapours of water; excessive muscular and nervous exertions, or violent hæmorrhage.

Cyanotic diseases generally run a slow course. They terminate—1) in *recovery;* generally, however,

not without the interference of art; and even then only very slowly, without critical changes, generally by a gradual diminution of the symptoms. In summer, patients recover more speedily than in winter.—2) In *partial recovery.* There remain derangements of the ganglionic system, hysteria, hypochondria, melancholy, dyspepsia.—3) *Death*, by sudden exhaustion in consequence of a momentary want of good arterial blood; the patients faint suddenly and die;—or by exhaustion in consequence of colliquative hæmorrhage;—or by the supervention of dropsy and phthisis.—The prognosis may be inferred from our previous remarks.

§ 281. *Treatment.* It is of great importance to regulate the diet of cyanotic patients. They should use nourishing, but not stimulating food, substances containing nitrogen rather than carbonic acid or hydrogen; fresh meat, saccharine vegetables, turnips, etc.; they should drink fresh water, or, if the case allow, water mixed with a little egg and sugar, or even water holding a little iron in solution. Heating or stimulating things, such as quantities of wine, brandy, acrid spices, etc., are hurtful. The air should be warm, dry, containing a good deal of oxygen, for humid or cold air does not agree with the patients; it is therefore of importance that they should take frequent changes of air, and, if their means permit, frequent journeys from a cold to a warm climate. Bathing is very useful.

§ 282. *Cyanosis cardiaca, morbus cœruleus, blue-disease.*

Phenomena: Even in infancy the patients have a peculiar blue tinge of the skin. They are more or less slender, without fat, have feeble muscles, blue lips, frequently a blue nose, and the upper limbs are of an unusual length. The last phalanges of the fingers are strikingly mal-formed, swollen, bulbous, furnished with claw-shaped nails. The patients look as if they had been eating whortle-berries. This livid colour is especially seen in the face, on

the lips, in the buccal cavity, on the upper and lower limbs, and particularly on the fingers and their terminal phalanges; it increases with the temperature of the body, on exerting the muscles or lungs. The muscles of the patients are thin, flabby; the patients get tired on making the least effort, they are indolent, and dread exercise. The skin feels cold. All the normal secretions, of the skin, intestines, uterus, etc., are limited, but there is a great disposition to hæmorrhage. Young persons are subject to hæmorrhages from the nose and mouth; afterwards, hæmorrhages from the lungs set in; hæmorrhages from the bowels and urinary organs are not unfrequent. A manual examination of the chest frequently reveals a considerable purring as of cats. The pulse is very seldom normal, generally small, feeble, irregular or intermitting, from 80 to 120.

§ 283. *Etiology:* Malformations of the heart: The perforation of the septum between the auricles and ventricles, is, generally speaking, a congenital defect; the left and right ventricles are not separated, and the venous and arterial blood must necessarily constitute one mass. The violence of the disease depends upon the size of the perforation and the quantity of the venous blood entering the left ventricle. The phenomena of the disease are less intense when it results from the non-closing of the foramen ovale, than when it originates in the aorta having a double root. Frequently the symptoms of cyanosis manifest themselves only in after life, in consequence of violent exertions, after whooping-cough, a fall, and similar events, which cause the latent disease to break out. The disease is particularly apt to manifest itself at the period of dentition, at the age of pubescence, during febrile diseases, exanthemata, a catarrh, etc.

The disease, whether it run a long or short course, always terminates fatally. Most patients die a few days after their birth, at the period of dentition or

at the age of pubescence; or else death supervenes during an affection of the chest, or during measles, small-pox, scarlatina, dysentery, etc.

Anatomical changes: In a multitude of cases the foramen ovale, or the ductus arier. Botall., or both together, are open, without any morbid symptoms having been observed as the necessary consequence of this defect; but if other defects should supervene, the phenomena of the disease generally make their appearance. Such defects are principally: origin of the aorta from the right and left ventricle, opening in the septum ventricul., either straight, or oblique, or canal-shaped, generally close to the origin of the large arteries, in which case the foramen ovale is generally open; origin of the aorta from the right, and of the pulmonary artery from the left ventricle; origin of the pulmonary artery from both ventricles; heart with one ventricle and atrium; one or the other of those defects is very frequently accompanied with contraction or even obliteration of the pulmonary artery, alterations of the valves; in such cases the heart is almost always enlarged. Among the anatomical changes likewise belongs the cyanotic habit, the phenomena of which have been described, § 282.

§ 284. *Treatment:* The disease depending upon an organic malformation of the heart, the treatment can only be palliative, and is limited to the periods which have been pointed out in the preceding paragraph. If we succeed in carrying the patient through those periods, we enjoy the satisfaction of prolonging his life for a few years.

Every thing which might excite the heart or lungs, or might impede the circulation, should be most carefully avoided. The patient complaining all the time of feeling cold, he should dress himself warmly, use warm baths, etc.; colds and exposure to wet are exceedingly hurtful. The action of the heart should be favoured by passive exercise, such as riding in a carriage, or on horseback, swinging, etc. The constipation of which such patients frequently complain,

and which, on account of the straining, might develop and increase the phenomena of cyanosis, should be removed by *Nux vom.*, *Bryon.*, *Bellad.*, *Opium*, etc. The patients should observe the greatest possible tranquillity of body and mind, their diet should be light and nourishing, the stomach should never be overloaded, all heating food and drinks should be avoided.

Asthmatic paroxysms and fainting fits are treated as usual. It is useful to rub the chest with warm flannel, to use affusions of the chest with water or vinegar, warm hand and foot-baths, to keep very quiet, and to sit erect. Suffocative paroxysms are most speedily relieved by *Ipecac.*, *Opium*, and when the face turns blue and the patient coughs with great exertion, by *Crocus* and *Moschus ; Ferrum*, particularly, when the paroxysm is accompanied with an almost imperceptible movement of the thorax, and considerable dilatation of the nostrils ; and lastly, by *Camphor*, *Sambucus*, etc. The fainting fits, to which cyanotic patients are subject, require principally *Aconite*, *Moschus*, *Crocus*, *Veratrum*, *Nux vom.*, etc.

I have always found that *bleeding of the nose* is a most dangerous symptom in this malady. Several days before the bleeding took place, the livid color around the nose, lips, in the buccal cavity and on the fingers, was strikingly marked ; the patients were indolent, low-spirited, suffered with catarrh, and slept very restlessly at night. *Opium*, *Laurocerasus*, *Acid. hydroc.*, and whatever other remedies seemed to be indicated, were employed without success. *Crocus*, *China*, *Bryon.*, *Bell.*, *Phosphor.*, *Carbo veg.*, nothing was of any avail; the patient went into a state of *collapse*, death seemed to be at hand, when *Arnica*, five drops in one ounce of water, a tea-spoonful every five minutes, and a few drops being introduced into the nose by means of a sponge, arrested the hæmorrhage ; the *Arnica* was continued for a few days, and then I gave a little *China*, to raise the strength of the patient.

Digitalis might perhaps be adapted to the state

preceding the bleeding, but it should then be employed at once, before any thing else is given to the patient.

§ 285. *Cyanosis pulmonalis.*

According to Schœnlein, this form of cyanosis is as frequent as the former.

Phenomena: The patients complain of a sensation of oppressive weight on the chest; the breathing is short, hurried, somewhat panting; the thorax does not expand during the breathing, but this is effected rather by means of the abdominal muscles and the diaphragm. If the disease is uncomplicated, percussion yields a dull sound, which, if the disease is not spread all over, is frequently limited to one side of the chest or to one spot only. At this spot the respiratory murmur is either entirely wanting, or is at least indistinct. Instead of the bellows-sound we hear mucous rattle, not a cough, or bronchial rattle; if the disease be perfectly developed, these sounds can be heard without the stethoscope. The patients raise a glassy mucus, or a purulent mucus mixed with black blood. The livid colour is most marked in the face, particularly on the cheeks, lips, and in the buccal cavity; suffocative fits and violent exertions increase the livid appearance. The extremities are cold, the skin is dry, the bowels are constipated; the urine is scanty, dark-coloured, brown-red; the pulse is quiet; the patient is very much debilitated, gets tired after the least exertion, or an exertion is followed by suffocative fits or shortness of breathing.

§ 286. *Etiology:* Pulmonary cyanosis is always a secondary disease, and generally arises from a chronic inflammation of the lungs. Beside the above-named organic defects of the heart, there are other diseases, which, inducing the same mechanism of venous engorgement, realize the phenomena of cyanosis; such diseases are: diseases of the heart; alterations of the lungs, such as emphysema of the lungs, hepatization, effusion into the pleura; cholera. Pathologists distinguish even a *cyanosis encephalica,*

arising from some disease of the brain, hydrocephalus; a *cyanosis gastro-intestinalis;* a *cyanosis uterina* or *dismenorrhoica;* but these varieties are mere symptoms, not general diseases.

Prognosis: The disease is of a chronic nature, and always terminates fatally; in the summer the symptoms are much less intense than in winter, when the cutaneous secretions are much less active, and this diminished activity induces striking aggravations. The patients almost always die from suffocation; the breathing becomes shorter, interrupted, rattling; the extremities are cold, but the head feels hot all the time. Death is near, if stupefaction, irregular breathing, and particularly organic defects of the heart (viz. dilatation of the right ventricle) sets in.

§ 287. *Treatment:* The patient should be kept as quiet as possible, use passive exercise, and not exert his lungs; the patient should eat vegetables rather than meat, he should avoid spirits, drink fresh water, or perhaps a little light malt-beer. The skin and abdominal organs should be taken care of; remedies have to be chosen in accordance with the principal symptoms. Dropsical symptoms have to be treated as dropsies generally. Sanguineous congestions have likewise to be met with the usual remedies.

§ 288. *Chlorosis, morbus virgineus, icterus albus, febris amatoria.*

Phenomena: The patients have a peculiar chlorotic appearance; the skin has a strikingly pale colour, not of a dazzling white, as after hæmorrhage, but with a tinge of yellow and green; the blood seems to have retreated from the skin; the skin is rather flaccid, the lower eyelid is sacculated, and has a dingy blue appearance. The skin is cold to the feel, the patients are very sensitive to a low temperature, are all the time chilly, and want to be in a warm temperature. The same paleness is seen on the mucous membranes of the tongue, which is frequently covered with a thick, tenacious mucus. The muscles are very weak;

the patients get easily tired, even after a slight exertion; they are indolent, and want to enjoy rest; the respiration is oppressed, the patients complain of difficulty of breathing, not dyspnœa but apnœa, for, if requested, they are able to expand the thorax. Palpitation of the heart and arterial murmur are two characteristic symptoms of chlorosis, which continue even when all the other symptoms have disappeared. The pulse, when the disease is perfectly developed, is from 120 to 140, small, feeble, wiry, empty, easily compressible; the cutaneous veins are pale, rose-coloured, as if filled with coloured water, but are never distended. Diminished appetite, slimy taste in the mouth, oppression, eructations, flatulence after every meal, even after light food; constipation for three or four days, which is rarely interrupted by diarrhœa; in which case the food is passed half digested.—If the patient be a female (which is generally the case), and the disease have made its appearance before the age of pubescence, the menses do not make their appearance at the proper time. If, however, the menses had already appeared before the disease set in, they then become irregular as regards time, duration, and nature; sometimes some light-coloured blood is discharged every six or eight weeks, at other times there is no blood, but merely a little mucus.

Chlorotic phenomena are sometimes observed among men; the genital organs remain undeveloped, both physically and dynamically; no hair grows, the testicles remain small, there is no erection, no secretion of semen; the voice remains thin and feeble, like that of a child.

The above-mentioned phenomena are accompanied with striking derangements in the abdominal system of nerves; the phenomena indicating either a simple hysteric affection, or a highly developed ganglionic disease, spasms, somnambulism, burning in the stomach, frequently sour vomiting and desire for things which are not eatable, pica chlorotica.

The œdema, to which chlorotic patients are liable,

attacks only the feet in the evening, and disappears again during the night, except when dropsy has developed itself; in the morning the eyelids and face are bloated most. It is supposed that no pit is left in the œdema of chlorotic patients from the pressure of the fingers.

§ 289. *Causes:* Chlorosis is principally met with in Northern countries, and occurs more frequently in spring and fall than in summer and winter; relapses occur in those seasons, and damp and cold weather favours the disease; lymphatic and nervous individuals are principally attacked by the disease.

External exciting causes: Premature development of the sexual system; afterwards, deprivation of sexual intercourse, widowhood, unhappy love, abuse of sexual functions, onanism, physical stimulants, novel-reading, rich living, sudden and permanent suppression of the menses at the age of pubescence, profuse menstruation; compression of the thorax by tight stays. Among city-girls, chlorosis is much more frequent than among country-people. Girls with blond hair are more frequently attacked than those with dark hair and complexion.

Duration, course and *termination:* Generally the disease developes itself gradually; in a few cases, however, it seems to break out suddenly, or else, the disease which had remained undeveloped heretofore, suddenly attains a very high degree in consequence of a sudden fright or emotion. Sometimes the disease yields to proper treatment in a very short time, but it may last for months and even years.

Recovery takes place gradually; the face loses its pale colour; the pulse becomes fuller and the temperature of the body is restored to its natural standard; the good spirits and the feeling of strength which the patient now enjoys, are sure symptoms of recovery. The menses become regular. At first a red-coloured mucus makes its appearance; blood sometimes is not discharged till the third month. Relapses are very

frequent, especially in a damp and raw season and during the menstrual period.

The following secondary diseases remain after a badly managed chlorosis: Neuralgia, hysteria, melancholy, even idiocy and nymphomania: the latter particularly if the disease arose from the non-satisfaction of the sexual desire. Chlorosis can likewise change to a disease of the heart and lungs, dilatation of the right ventricle with diminished thickness of its walls, finally phthisis. The spleen sometimes remains diseased, viz., atrophied or hardened, and this disorganization generally leads to dropsy. Death supervenes in consequence of the secondary diseases.

Prognosis: Generally favourable; it depends upon the duration of the disease, upon the constitution of the patient, upon the mode of life of the patient, and the facility one possesses to modify her external circumstances; upon the intensity of the symptoms, the violence of the cardiac and nervous phenomena, upon the presence or absence of dropsy, disorganization of the spleen, mental derangement, organic diseases of the heart, tuberculosis, hectic fever, or other complications.

§ 290. *Treatment:* Every thing which might have a tendency to prolong the disease, and to interfere with the treatment, must, if possible, be carefully removed. The diet of the patient should be carefully regulated. The sexual sphere is of the utmost importance. Every thing which might excite the sexual instinct, has to be carefully avoided: stimulating food and drink, emotions, passions, reading of lascivious novels, balls, theatres, idle life; the patient should not sleep long, nor lie on featherbeds, because the use of featherbeds causes constipation, debility, and has a bad effect on the sexual organs.

Hæmorrhages and profuse menstruation should be treated with the remedies that have been recommended in former chapters, and, if debility remains, *China* should be administered, which is likewise the best remedy for the debility caused by sexual ex-

cesses, onanism, frequent bloodletting and cathartics. Closing of the os tincæ or of the vagina has to be removed by the knife, after which it will be seen whether such a mechanical difficulty is the only cause of chlorosis.

The slow and gradual development of chlorosis shows that this disease is intimately connected with the general organism, and that, therefore, the greatest care is required to remove it. As was said above, the diet should be particularly attended to. All stimulants, wine, brandy, spices, should be strictly avoided. As regards remedies, *Pulsatilla* is one of the best at the commencement of the disease, when the menses are feeble or retarded, the complexion of the patient is pale, and her muscles flabby. Next to Pulsatilla we have *Cocculus*, particularly when the patient complains of spasms deep in the abdomen, with irregular menstruation. *Nux vom.* is indicated by a vehement, passionate temperament, by frequently appearing but irregularly flowing menses, by various symptoms of digestive derangement, vomiting, constipation; also when the patient had abused coffee and tea; to the latter circumstance *Pulsatilla* and *Ignatia* are likewise adapted. *China* is an excellent remedy when the following symptoms are present: œdematous swelling of single limbs, particularly œdema of the feet, blue rings round the faint eyes, distention of the abdomen, costiveness, acute pains, drawing, tension or creeping in the abdomen, bad digestion, sour eructations, strange desire for things which are not eatable, etc. *Arsenicum* is one of the best remedies, if the above symptoms are accompanied with trembling, frequent fainting, and extreme debility.

In the treatment of chlorosis we have sometimes to employ intermediate remedies to remove symptoms of a more or less particular character, particularly morbid states of the sexual system. One of the principal remedies in this respect is *Conium maculatum* for the following symptoms: great sensitiveness of the external and internal pudendum, every four weeks, con-

stant dry heat of the body without thirst, anxious dreams, and feeling of heaviness in the limbs; whining mood, restlessness, anxious care about every thing, stitching in the region of the liver, which sometimes continues several days and weakens the body very much; the menses are entirely suppressed.

Phosphorus is indicated when the menses are not entirely suppressed, but appear irregularly; the patient complains of nausea, sour vomiting, oppression of breathing, vertigo, and great sexual excitement.

Natrum muriaticum may be given when there are frequent ineffectual indications of the appearance of the menses, accompanied with great sadness, oppression and anxiety, fainting spells, coldness of the pelvis and internal heat, heat in the face, weight in the abdomen, tearing toothache, frequent burning and cutting in the groins.

Sulphur is one of the principal remedies for chlorosis. On perusing the provings of Sulphur, it will be found that a number of chlorotic conditions are represented by the symptoms of Sulphur. But these symptoms very seldom point to any particular form of chlorosis; the symptoms of Sulphur indicate chlorosis generally, and this is the reason why it is difficult to determine the particular form of chlorosis to which *Sulphur* corresponds. *Sulphur* can be given alternately with *Pulsatilla.*

Sepia is likewise generally indicated for chlorosis the same as *Sulphur*, except that *Sepia* has various morbid conditions in the sexual organs; for instance, the patients complain frequently of a painful pressing in the inner pelvis from above downwards, sometimes accompanied with discharge of mucus; sometimes of a jerking, darting in the vagina from below upwards, or of a stitch in the vagina with occasional discharge of single drops of blood. If no blood be discharged, the patient complains at particular periods of aching pain in the abdomen, swelling of the pudendum, burning in the pudendum, or even discharge of mucus. *Belladonna* and *Platina* should be carefully compared

with *Sepia*. These three remedies should first be thought of when the disease originated in onanism.

Nitri acidum, *Lycopod.*, and *Graphit.*, deserve consideration. As regards *Psorin*, I cannot recommend it.

Ferrum is the grandest remedy for inveterate cases of chlorosis, and it should be continued until every vestige of arterial murmur has disappeared. But it must be given in massive doses; small doses are of no avail. Even iron-mineral springs have to be resorted to, and in some few cases we may have to give iron in large allœopathic doses.

TWENTY-FIRST CLASS.

DISEASES OF AN INTERMEDIATE ORDER, MENTAL AND PHYSICAL.

§ 291. *Hypochondria, Hypochondriasis, morbus eruditorum.*

For the better understanding of this Protean disease, we will bring its groups under the following heads:

a) Mental phenomena;
b) Symptoms of the digestive apparatus; and
c) Symptoms of the nervous system.

A). *Mental phenomena.* Ill humour, particularly during the period of digestion, lowness of spirits, sadness, despondency, constant dwelling upon his ailments, which the patient considers of great importance, exaggerated description of his sufferings, delight in reading medical writings, inexhaustible readiness in discovering similar sufferings to his own condition; selfish desire that others should sympathize with his sufferings, uncommon mental irritability, melancholy, distrust, taciturnity, despair of the future,

dread of death; no aversion to life, in spite of all his sufferings; lastly, inability to perform any kind of work, even to live, from distrust in his own strength, from fear lest he should injure himself. Sometimes his *spleen* alternates with cheerfulness. The changes in the moon seem to affect the patient a good deal; his condition is most painful when the moon is on the increase. Sometimes these symptoms constitute the whole of the disease, or the disease remains at this point for a long time.

B) *Symptoms of the digestive apparatus.* Though the patients look well, and have a good and even regular appetite, they are constantly complaining of *bad digestion.* After and frequently during the meal, they experience a tension and pressure in the abdomen; sometimes the abdomen is really distended, there is a constant formation of flatulence which is said to be the cause of the most varied sufferings. Sometimes there is a perceptible swelling under the short ribs and in the epigastrium; flatulence becomes incarcerated, causing anxiety, palpitation of the heart, rising of heat, and distress; sometimes there is loathing, heartburn, sour eructations, even vomiting of a tenacious, sour mucus. The distress occasioned by the flatulence sometimes increases to general nervous paroxysms, vertigo, fainting, coldness of the extremities, etc. Relief is afforded by the passage of the flatulence upwards and downwards. In spite of all these sufferings, the appetite of the patient remains undisturbed, and his looks and digestive powers unaltered. Only when organic alterations develop themselves, the patient assumes a cachectic appearance and becomes thin. The patient is generally costive, though the costiveness, which is sometimes very obstinate, at times alternates with diarrhœa; a good evacuation relieves the patients, hence their constant desire for cathartics.

C) *Symptoms of nervous derangement, particularly of the ganglionic system.* This series is still more varied than the previous ones; there is scarcely a

part or function of the body which remains undisturbed. We observe the following local symptoms: sensation of coldness and heat, formication, itching of various parts, asthma, cough, palpitation of the heart, throbbing in various parts of the body, particularly in the abdomen, hemicrania, vertigo, cramp in the neck, buzzing in the ears, muscæ volitantes, amblyopia, neuralgia, spasm of the bladder, frequent urging to urinate, congestions, increased secretion of saliva, lachrymation, copious sweats, trembling of the limbs, convulsive motions, paralytic paroxysms, etc. Hypochondriacs are so sensitive to external impressions, that the least change in the temperature or pressure of the atmosphere, or the slightest dietetic transgressions, affects them beyond measure, yea, that the least exertion is unpleasant to them. They suffer with headache, are sleepless, troubled by heavy dreams, start up from their sleep; sleep does not refresh them, and in the morning they generally feel worse than the previous evening. The urine of hypochondriacs is generally watery and clear, and they void it in large quantities; frequently, however, the urine is thick, cloudy, with a sediment, and causes fears in the minds of the patients they might be attacked with gravel and stone.

These symptoms are variously modified; but the rapid change of the phenomena, the opposition between the subjective complaints of the patient, and the objective condition of the organ which the patient points out as the seat of the disease, and, yet, where no disease can be discovered; the idiosyncratic sensitiveness of the nervous system to the most innocent and most indifferent impressions; the monomaniacal attention with which the patient contemplates all his sufferings, and interprets all the phenomena of his being as phenomena of disease; and finally, the anxiety and depression of spirits under which the patient is constantly labouring; all this is, like a red thread, winding itself through all the various forms and manifestations of his illness, marking its principal features. (*Canstatt*).

§ 292. It is very difficult to comprehend hypochondria, and it is of importance not to neglect anything by means of which a correct diagnosis can be obtained. It is very wrong to trifle with such patients, or to console them with the unmeaning and trite phrase that their sufferings are all nervous, (meaning imaginary.) It is a great feat for a physician to examine a hypochondriac patient in such a manner that the patient will seem to be satisfied. A hypochondriac patient is distrustful; he has read a good many medical books, and he thinks that he is fully able to comprehend the character, not perhaps of diseases generally, but at least of his own sufferings. It frequently requires great tact to answer the perplexing questions of the patient to his satisfaction, and without his confidence being shaken. If this confidence should have been gained, and the physician should really comprehend the character of his patient's illness, then there is scarcely a doubt that the physician will accomplish a cure, even if it should proceed slowly.

Hypochondria can be distinguished from *melancholia* by the following facts: melancholy arises from mental, hypochondria from corporeal causes; a hypochondriac is in full possession of his reason; he talks rationally about every thing, even about his health, except, as regards this latter, in extravagant terms; he is conscious of his condition, and wants only to be pitied by every body. A patient affected with melancholia, complains of spiritual sufferings, not of corporeal ailments; he is astonished to hear that he should be considered sick; at last he becomes indifferent, and does not even care for what he used to love; he cares only for his illusion, to which he sacrifices everything, even his life; hence great disposition to suicide. This is in direct contradiction to the disposition of the hypochondriac patient, who delights in life, clings to it, and attaches himself to his friends and relatives.

Causes: Only the male sex are attacked with hypochondria, and very seldom before manhood; it frequently lasts during the whole life of the patient. In

hypochondriac patients the abdominal veins are generally strongly developed, which has probably given rise to the notion that the disease depends upon increased venosity. Hypochondriacs generally have a spongy, flabby constitution. The disease is frequently inherited.

A sedentary mode of life is highly favourable to it; this is the reason why literary men are subject to the disease; they are deprived of exercise, and their mental faculties are moreover strained in one direction. Mariners, arithmeticians, copyists, weavers, shoemakers, tailors, are frequently attacked with hypochondria. But by nothing is the nervous system more irritated and weakened than by grief, care, watching, home-sickness, disappointed love, ambition, hazardous speculations disturbing the mind; persons who are exposed to the operation of such causes, frequently become hypochondriac. The sudden passage from a stirring and active mode of life to idleness and absence of all business, has a similar effect in many cases. Farther causes are: Loathing of enjoyment from satiety, diarrhœa, dysentery, colic, fever and ague; extreme abstinence in sexual matters from principle. Also, constant overloading of the stomach with indigestible, flatulent, sour, greasy food, or heavy dishes made of flour; or, on the other hand, fasting; or a quantity of warm drink: tea, coffee, etc.

Prognosis: Not unfavourable; the disease does not endanger life, but the multitudinous forms in which it is constantly harassing the patient, tries the patient, his physician and attendants to the utmost. It is very difficult to conduct the treatment of hypochondria systematically, for this reason, that the patient is constantly complaining of some new trouble, and wants to consult another physician. The more wavering the patient, the more unfavourable the prognosis. Unless the patient has full confidence in his physician, is determined to submit to all his dietetic regulations, and is in possession of the requisite means of accommodating himself to the arrangements proposed by his me-

dical adviser, it will be very difficult for him to derive any benefit from treatment. The more recent the disease, the less it had been treated with violent means, the less the danger of material alterations, the more favourable is the prognosis. Hypochondriacs who indulge sexual excesses or onanism, are incurable. I advise a young physician, however, to be careful not to express himself too unfavourably about his patient's prospects; he might be deceived by the extravagant statements of the sick man, and might afterwards have to blush at holding out such discouraging prospects. Bad symptoms are: yellow, cachectic complexion, constant sleeplessness, emaciation, œdema of the feet.

§ 293. *Treatment.* Without proper exercise, amusement, and a strict diet, it cannot be expected that the hypochondriac should ever recover his health. The literary man must give up his sedentary life, and resort to spade and pickaxe; the gourmand should confine himself to a simple and nourishing diet, and the sensualist has to renounce his excesses and mortify his flesh with an unflinching determination. Care should, if possible, be avoided, and, if the circumstances of the patient permit, he will derive vast benefit from travelling.

As regards exercise, it should be observed that excessive exercise is not advisable. The best time for taking exercise is in the morning and evening, never immediately after a meal; the best kinds of exercise are walking, gymnastic exercise, swimming, hunting, sawing wood, etc.

It is extremely difficult to restore the mental health of the patient; but we must attempt to afford adequate amusement to the patient, suitable to his talents, disposition and social position.

If it should be necessary to resort to remedies, we have in the first place—

Nux vomica, which is suitable to literary men; particularly with a vehement temper, and a nervous, venous, bilious constitution; sedentary life, want of

fresh air, constant mental efforts, and the use of stimulants, develop the disease among that class of individuals. Digestive derangements, derangements of the portal and biliary system, constipation, etc., must necessarily take place, and it is at this stage of the disease that *Nux* is specifically indicated. *Nux* likewise corresponds to hypochondria caused by rich and excessive living. In general, *Nux* is the best remedy for hypochondria arising from a morbid condition of the abdominal nerves ; after dinner, the patients generally experience a feeling of malaise and languor.

Staphysagria is an excellent remedy for hypochondria arising from abuse of the sexual instinct, or from chagrin with indignation, or from care and grief. *Staphys.* is characteristically indicated by a fitful mood, or change of the morbid phenomena, except the flatulence which remains all the time ; also by indifference with indisposition to talk.

Phosphorus is supposed, by Hahnemann, to be contraindicated by want of sexual desire, and debility of the sexual organs. I do not think that this observation is correct, and I give *Phosphorus* particularly for hypochondria arising from onanism.

It is well, if the nervous system should be very much excited, to give a few doses of *Nux vom.*, and afterwards a few doses of *China* before administering the *Phosphorus*. *Phosphorus* is likewise suitable to hypochondriacs with a thin, slender constitution. Such hypochondriacs are fond of walking about ; all their senses are very much excited, and they are so irritable, particularly after dinner when they experience a pressure at the stomach, nausea, and heat in the face, that their company becomes exceedingly unpleasant.

Conium corresponds to hypochondria arising from extreme abstinence in sexual matters. Even on their walks they are sad and melancholy ; they become more and more listless, indifferent, indolent, and finally the disease becomes so inveterate that the patient becomes averse to life, and thinks of killing himself.

This last symptom indicates, perhaps, *Aurum me-*

tal. more characteristically than any other remedy. This symptom is always accompanied with great oppression and anguish, particularly in the region of the heart, and with constant congestion of the chest. The *Aurum*-hypochondria is moreover characterized by a bruised pain in the brain, which becomes excessively violent by thinking, reading, talking, writing, and leads to an extreme confusion of ideas. For the gastric symptoms, I refer the reader to the Mat. Med.

Gratiola may be tried, when the patient complains of his stomach, hypochondria and abdomen; his stool is hard and insufficient; there is pinching and cutting in the umbilical region, malaise with repletion and pressure in the stomach, and a good deal of eructations. Although stool relieves the patient, yet he keeps constantly thinking of his condition.

Stannum. The patient feels better when walking, worse during rest, and yet he is all the time complaining of bodily and mental weakness; he feels on that account sad and low-spirited, cries, and, if with all this there should be a stupefying pain in the brain as if the skull were screwed in, illusions of hearing, pains in the stomach, with irregular appetite, feeling of emptiness in the abdomen, constipation, exhausting night-sweats, etc., then the patient feels extremely unhappy, and is a source of great discomfort to his attendants.

Zincum. Crampy pains prevail; the patient complains particularly after dinner, during rest; he is very sensitive to the open air. His sleep is restless, disturbed with fancies which worry him even in his waking state, inducing a hypochondriac mood and frequent thoughts of death. These are, of course, favoured by his nervousness, a constant pressure under the short ribs, particularly on the right side, frequent empty eructations which afford no relief, pressure in the middle of the spinal marrow, a frequent, constrictive sensation in the pit of the stomach, with anxiety, incarceration of flatulence in the abdomen, frequent ineffectual urgings to stool, a peculiar distress about the head, etc.

Natrum carbon. is particularly indicated when the slightest dietetic transgression causes a great digestive debility, ill humour, etc. The patient is at times restless, anxious ; at times he dreads men and company, is fearful and even listless as though he did not care about living ; he complains all the time of an aching pain in the head, bad taste, with tolerable appetite, qualmishness, with tension in the hypochondria, drawing cutting in the stomach, and oppression of breathing.

Sulphur is a great remedy in this disease, even if it should not always be indicated by the symptoms; it sometimes is required to restore the susceptibility of the organism to the action of the proper remedies.

Beside the above-mentioned remedies, *Veratr.*, *Asa.*, *Pulsat.*, *Bellad.*, *Plumb.*, *Magnes. mur.*, *Valeriana*, *Arnica*, *Moschus*, *Mezer.*, etc., should not be forgotten.

TWENTY-SECOND CLASS.

§ 294. *Venereal disease, Syphilis.*

The doubts which I have expressed relative to Hahnemann's theory of psoric diseases, are likewise to be applied to his doctrines about syphilis and sycosis. It is perfectly evident that his experience in the treatment of these diseases has been very scanty; and I shall therefore take the liberty, in describing the treatment of syphilis, to substitute my own and other physicians' experience for Hahnemann's mode of treatment.

§ 295. *Name and origin of the disease.*

Syphilis has had different names, derived either from the prominent symptoms, or from the nation among whom it was supposed to have originated, or from the saint whose aid was invoked for the deliverance from

such a scourge. The Italian physician, *Frascatory*, derives the term syphilis from a shepherd of that name, who was said to have been punished by the gods with that disease. It was termed pudendagra, mentagra, morbus St. Rochi, St. Jacobi, etc., from saints who had to be invoked to get rid of the disease. It is likewise termed mal de Naples, mal de France. The people of the East, the Poles for instance, term the disease the German malady; the Russians the Polish; the Persians the Turkish; the Dutch the Spanish; the Germans the French or Spanish; and the Oriental nations the Frankish malady; the English term it French pox. Fernelius has termed it lues venerea, and, in the language of the learned, this name has been preserved up to this day.

The opinions about the origin of the disease differ. Some derive it from the remotest antiquity, referring even to the Scriptures for their authority, considering even the nocturnal pains of David and the disease of Job, etc., as syphilitic diseases, without any further proofs. But if we understand by syphilis a disease which can be transferred from generation to generation by means of a specific virus acting upon the genital organs, it becomes evident that the above-mentioned diseases of the sexual organs could not have been anything else except what we observe in our days after an embrace with females during the menstrual flow, or as a consequence of the infection caused by the lochia or whites. For there is no well authenticated proof that the syphilitic poison has been, in those remote ages, transferred in a single instance from one individual to another. Others date its origin from the last ten years of the fifteenth century. This is probably correct, for the disease spread, at that time, all at once over every country in Europe, and was regarded as a new disease, which could not have been the case had its character and symptoms been previously known. It is a fact that the first description of the disease was given in the year 1494, and that it was said to have come from Naples, where it

had been introduced by the army of king Charles VIII. of France.

§ 296. *Character of syphilis.*

Syphilis is a dyscrasia of the reproductive system, manifesting itself in the shape of ulcers, excrescences, blennorrhœa, and cutaneous eruptions; after having been developed in the individual by means of a peculiar, fixed contagium, it reproduces the same virus, by means of which it can be transmitted to other individuals. The disease is distinguished by the fact that it is either attended with decrease of the vegetative life, destruction of the fibre by ulceration, or with the contrary phenomena, hypertrophy of the tissue, excrescences and blennorrhœa; this opposition is observed in no other disease, except, perhaps, scrofula.

§ 297. *Contagious character of syphilis.*

The syphilitic contagium is transmitted either—

1st. Directly by coït, pæderastia, a kiss, (provided primary syphilitic ulcers have broken out around the mouth); by the contact of sore parts with the syphilitic virus; or—

2d. Indirectly by the contact of substances that are infected with the syphilitic virus; tobacco-pipes, cigars, drinking vessels, spoons, wind-instruments, tooth-brushes, syringes, bathing-tubs, privies, etc.—The virus can even be transmitted by a healthy woman who had an embrace with a syphilitic individual without being infected herself; the virus may have remained in the vagina, and, in this way, may be communicated to another man.

The period between the infection and the breaking out of the disease, is very uncertain: the shortest period is from twenty-four to forty-eight hours, the longest seven weeks; generally, however, the first syphilitic symptoms appear between the fourth and eighth day. The development of the syphilitic disease seems to depend a good deal upon external causes, violent physical or moral stimulating influences, in-

creased temperature of the body by dancing, warm baths, etc. It depends likewise upon the greater or lesser susceptibility of the patient to morbid influences.

Prognosis. Generally speaking, favourable, provided the patient is otherwise well, the secondary symptoms are of a recent origin and not much developed, no osseous disorganizations have taken place, the patient lives soberly, has not been poisoned with mercury, follows the instructions of his physician, and no other dyscrasia has been roused in his organism, combining itself with the syphilitic virus. Relapses cannot always be avoided. Disfiguring cicatrices, deformities, disorganizations, bony swellings, very often remain. In scrofulous individuals the syphilitic virus is extremely inveterate.

§ 298. *General treatment of syphilis.*

This refers exclusively to the diet. We know that the speedy cure of syphilis requires the observance of the following rules:

1st. An equal temperature, from eighteen to twenty degrees R., and a pure air. In warm climates the disease runs a much milder course than in northern countries, and, in these, the disease is more easily cured in the summer than in winter. This is probably owing to the fact, that the cutaneous action is much more prompt and regular in the summer than in the winter.

2d. Starvation; the less the patient eats, the less he feeds the disease. Feeble patients, however, may be allowed a more nourishing diet. The following articles of diet should be particularly avoided: acids, such as vinegar and lemon-juice; spirits, such as wine, brandy, etc.; a little light beer may be used; light vegetable food and mucilaginous substances are allowable, likewise meal and flour; meat should be strictly forbidden, and spices likewise, such as coffee, tea, pepper, saffron, cinnamon, vanilla, cloves, caroway; scents, perfumes, artificial tooth-powder should be avoided. Moderate smoking is admissible.

3d. Rest, a recumbent posture as much as possible, extreme cleanliness. The patient should enjoy the most perfect bodily and mental quiet; he should walk little or not at all, he should not remain standing long at one place, avoid tight clothes and riding in a carriage or on horseback. The ulcers should be frequently bathed with old linen soaked in tepid water. In phymosis, warm milk or tepid water should be injected into the urethra several times a day.

§ 299. *Acute gonorrhœa.*

Syphilitic gonorrhœa resembles a catarrhal inflammation of the mucous membrane of the urethra, modified according to the seat or extent of the inflammation and the character of the accompanying fever, whether erethic, synochal, or torpid.

Symptoms: The first symptoms of the disease show themselves between the third and eighth day, seldom before and seldom after. The gonorrhœa generally commences with the sensation of a voluptuous titillation at the tip of the urethra, with increased desire for sexual intercourse; frequent erections, particularly at night; seminal emissions, and increased desire to urinate. In three or four days this titillation changes to a troublesome and painful sensation along the urethra and in the fossa navicularis, which changes to a burning during micturition; the orifice of the urethra and the glans are swollen, red, sensitive.

Soon after titillation and pain have set in, a whitish fluid, which is at first half-transparent, is secreted from the urethra, and is partly discharged and partly dries up in the urethra and stops up the orifice; soon, however, the fluid is changed to a purulent, milky or greenish mucus, which is secreted in large quantities and can be pressed out. A burning, stinging, tensive pain, is experienced along the urethra during micturition, it is increased by pressure, and frequently extends to the perinæum, the groin, and testicles. The fever is generally very mild. This is the inflammatory stage, which is at its height on or about the fifteenth day.

Gradually the pains diminish, the erections become less frequent and painful, the swelling of the glans and tip of the urethra disappears, the discharge becomes thicker, jelly-like, diminishes, and finally disappears altogether.

§ 300. *Modifications of gonorrhœa.*

Gonorrhœa is not always as mild as I have described it in the previous paragraph; it frequently passes beyond a mere erythematous inflammation of the mucous membrane, increasing to a synochal phlegmonous inflammation, much more intense than the former, running a more rapid course, and penetrating more deeply into the tissues adjoining the mucous membrane. This more intense degree depends upon the constitution of the patient, upon the character of the infection, or upon the treatment which, when too stimulating, sometimes transforms a mere erythematous inflammation to a synochal, etc. This latter inflammation sometimes involves the prostate and even the bladder, being attended with acute pains. The glans is bright-red, swollen, the urethra is very painful to pressure in its whole length, and feels hard in some places. The discharge is sometimes streaked with blood; sometimes even pure blood is discharged from the urethra during an erection. Micturition is difficult, very painful, the desire to urinate intolerable; sometimes there is complete ischuria, spasm of the bladder and tenesmus, constipation, chordée, orchitis, consensual buboes, synochal fever. The inflammation is sometimes so intense that there is no secretion at all, in which case the Germans term it "dry gonorrhœa.".

A second variety is the so-called *torpid gonorrhœa;* the patient feels otherwise well, and there is only a discharge from the urethra.

Another variety is the so-called erysipelatous gonorrhœa, with erysipelatous inflammation of the prepuce, œdematous, shining, pale-red swelling of the prepuce and orifice of the urethra, and discharge of a rather watery mucus, with erysipelatous fever.

Chordée is generally present in the synochal variety; this is a curvature of the penis downwards during the painful erections, and is caused by an effusion of plastic lymph into the interstices of the spongy body of the urethra, to which the inflammation of the mucous membrane had extended; this effusion prevents the free passage of the blood into the cells of the corpus cavernosum during an erection.

If the prepuce is very long, phymosis is apt to set in, that is, the prepuce becomes inflamed or œdematous, and can no longer be drawn back over the glans. By paraphymosis we understand a constriction of the penis by the swollen prepuce being drawn back behind the glans, and not allowing of being brought forward again over the glans; it takes place when the prepuce is very tight, and has been violently drawn back behind the glans, for instance, in consequence of erection, embrace, etc.; the prepuce forms pad-shaped swollen folds behind the corona glandis, which sometimes swells up enormously, and may even become gangrenous unless the stricture is relieved very soon.

§ 301. *Terminations of gonorrhœa.*

The usual termination is in dispersion, with gradual abatement of all the troublesome symptoms and transformation of the purulent into a rather serous discharge. Some pains pass off sooner, others later.

Secondary gonorrhœa frequently remains, trying most severely the patience of both physician and patient. All the morbid symptoms have disappeared, except a chronic irritation of the urethra which remains and manifests itself by a constant discharge of mucus, and very frequently by pain in the urethra. Irritable individuals get worse by exercise or stimulants; torpid individuals are less affected by such causes.

Long-lasting secondary gonorrhœa may likewise lead to strictures and ulcers, though I have never witnessed such results under homœopathic treatment; I have seen, however, difficulty of urinating and emission of the urine drop by drop under that treatment.

It is a remarkable fact, that gonorrhœa will rouse

many ailments which had previously remained latent in the organism. Even perfectly healthy individuals frequently complain of distresses which make their appearance after the gonorrhœa and even during the disease, and first announce themselves by the fact that the discharge will not pass off under several weeks, or turns into secondary gonorrhœa. In a very few cases, the remedies which Hahnemann has proposed for this disease effect a cure ; but in by far the greater number of cases, the Hahnemannean mode of treatment would allow the disease to run its course unchecked.

§ 302. *Homœopathic treatment of gonorrhœa.*

This disease is exceedingly troublesome both to the patient and physician. The former would be willing to bear the pain if it were not for the discharge ; and the latter is perplexed by the uniformity of the symptoms. The different forms of gonorrhœa are only distinguished by the intensity of the symptoms, and perhaps only the synochal variety points more distinctly to one or the other remedy. I have not always been able to prevent the disease running into a secondary form ; I have even no hesitation in saying that, when I hit the right remedy, it was more by accident than anything else.

Hahnemann proposes to cure sycosic gonorrhœa with a few pellets of *Thuja* 30, allowing them to act for thirty or forty days, to be followed with a few pellets of *Nitric acid* 30, which are to act as long. For common gonorrhœa he prescribes a drop of the recent tincture of *Petroselinum*, provided there is frequent urging to urinate, or a drop of an alcoholic solution of *Balsamus Copaivæ*, provided the excessive inflammation of the urethra, or the psora which had been roused by a violent allœopathic treatment, does not require the use of the antipsorics.

As I said above, the treatment proposed by Hahnemann is entirely insufficient. *Petroselinum* and the tincture of *Copaivæ* cure but very few cases of

gonorrhœa. *Thuja* alone is scarcely ever sufficient to cure sycosis; *Nitric acid* has to be given afterwards, or even *Cinnabaris*, or some other mercurial preparation. Some cases of syphilis do not yield to *Mercury*, but require *Hepar sulph.*, *Acid. nitr.*, *Aurum*, *Rhus tox.*, or some other remedy. Some patients are sufficiently impressed with a dose of *Mercurius* 12, others require repeated doses of the first trituration.

Some gonorrhœas require a variety of remedies. In gonorrhœa which at once sets in with great intensity, I give from the commencement a dose of *Thuja;* this facilitates the treatment, though I confess, I am entirely unable to distinguish between sycosic gonorrhœa and one of an ordinary kind. If figwarts are present, the gonorrhœa always disappears with the general disease. There are syphilitic gonorrhœas capable of producing a chancre; these gonorrhœas yield to *Mercury*. This agent is indicated when the urging to urinate is not relieved, but rather increased, by Petroselinum, and when an intolerable burning is experienced in the forepart of the urethra during micturition, particularly during the passage of the last drops of urine, the glans being at the same time swollen and hot; the discharge has a greenish tinge. The remedy has to be repeated frequently. Mercury is particularly suitable when the gonorrhœa is attended with phymosis, paraphymosis and balannorrhœa. *Mercury* is perfectly suitable at the commencement of a synochal gonorrhœa, or when an erethic gonorrhœa is about to assume a synochal character. If syphilitic ulcers are present, *Mercury* should be given as a matter of course.

In several cases where the patients presented themselves at once, as soon as they perceived any untoward symptoms, a cure was effected immediately by a small portion of a drop of *Copaivæ bals.;* but there was no urging to urinate. But, if the patient drank coffee, took much exercise, used stimulants, etc., the effect of the *Copaiva* was destroyed immediately, and no subsequent dose was able to repair the mischief.

Petroselinum helps only in very mild cases which would, probably, have got well in the end without any medicine.

Cannabis, three doses a day of the mother-tincture, is the best remedy in the erethic stage of gonorrhœa. I continue it, until the pain has entirely gone; the discharge of mucus frequently decreases at the same time. If this, however, should not be the case between five or six days, I then frequently resort to

Cantharides, 3 att., ten drops in one ounce and a half of water. This will effect a cure in many cases, but in many other cases it will not, and then the choice is difficult, for secondary gonorrhœa now makes its appearance.

Torpid gonorrhœa requires to be treated as the other forms of gonorrhœa. In synochal gonorrhœa, with painful erections, violent burning and tenesmus of the bladder, we have to give repeated doses of *Aconite*, in alternation with *Cantharides*, after which the gonorrhœa assumes the ordinary mild form, for which *Cannabis* or some other remedy should then be given.

In dry gonorrhœa, with inflammation of the neck of the bladder and of the bladder itself, *Aconite*, *Pulsat.*, *Thuja*, *Cannabis* and *Canthar.*, are the principal remedies. In chordée we give *Cannabis*, *Merc.*, and *Canthar.*, or, when there is much inflammation, *Aconite*, which can sometimes be followed by *Sulphur*. *Sulphur* is an excellent remedy in torpid gonorrhœa, even when the glans is red and swollen; it frequently proves efficient in secondary gonorrhœa, and in the gonorrhœa of children, produced by worms or some other unknown cause. For symptomatic buboes, *Mercur.*, is the principal remedy; sometimes, however, *Hepar sulph.*; they disappear, however, of themselves as soon as the urethritis is removed.

Mercurius should likewise be administered for the painful swelling of the lymphatic vessels along the penis and the prepuce; *Calomel*, however, acts better than Merc. sol., and, if *Calomel* should not produce an

improvement between sixteen or eighteen hours, *Merc. præcip. ruber* should be given. In secondary gonorrhœa, *Sulphur*, *Lycop.*, *Conium*, *Hepar s.*, *Natr. mur.*, *Agnus cast.*, *Acid. nitr.*, *Sepia* and some other remedies are the best. Latterly I have cured many cases of secondary gonorrhœa with one drop of *Cantharides*, morning and evening; many other cases remained uncured. On one occasion Hahnemann complained to me of the secretions of mucus which continued to take place between the prepuce and glans in cases of condylomata, though the excrescenses had been cured; "in these cases," said he, "lime-water, a solution of the acetate of lead, or some other external application, may be used without injury to the general health." Why should not this remark apply to secondary gonorrhœa? I have tried an injection of the acetate of Zinc, from ten to fifteen grains in five ounces of water, three times a day, in very difficult and inveterate cases, with great success. When the secondary gonorrhœa was not too old, an injection of red wine and water was found sufficient.

To moderate the nocturnal erections, the patient should not only take *Cantharides*, but he should eat little or nothing at supper; he should sleep on mattresses, cover himself moderately, and urinate as often as he wakes. If *Cantharides* be not sufficient, *Cannabis* will be found to answer the purpose, particularly if the phlegmonous symptoms had been removed.

Blood is frequently discharged from the urethra in synochal gonorrhœa; the patient feels rather better after it than otherwise; only when the discharge is considerable, cold applications may be made to the penis and perinæum, or cold injections into the urethra, or compression of the urethra may be resorted to.

Dysuria and ischuria are treated as usual.

The phymosis disappears with the inflammation; it does not require any particular treatment; the parts should be kept very clean, and tepid water

should be frequently injected between the prepuce and glans.

Paraphymosis, on the contrary, has to be removed immediately, lest gangrene of the glans should supervene. The glans has to be compressed with the fingers, and the prepuce should, at the same time be drawn back over the glans; this is frequently very difficult, and takes from one half to one hour; the operation is frequently facilitated by previously bathing the parts in warm water.

Pulsat., *Ferrum*, *Capsicum*, *Mezereum*, *Ledum*, *Nitr. acid.* and *Sabina* seem to be related to the symptoms of this disease, but I have never derived any benefit from these remedies. Nor have I from *Tussilago Petasites*, recommended by Dr. Rosenberg, or from *Bignonia radic. minor*, proposed by Dr. Wahle.

§ 303. *Inflammation of the glans and prepuce.*

These inflammations most frequently set in as a sequel of syphilitic diseases. Sometimes, however, they occur without any infection having taken place, in consequence of sexual excesses, contusions, irritating vegetable poisons; even the whole penis appears inflamed, with violent burning pains through the whole penis, and attended with painful stitches, shooting from the back to the fore part of the urethra. These inflammations terminate in gangrene more easily than any other, particularly when they have an erysipelatous character, as is sometimes the case in gonorrhœa.

If this inflammation should have been caused by abuse of *Cantharides*, the antidote is a solution of *Camphor*.

Paraphymosis may arise from too tight an embrace, with swelling and burning pain of the glans and swelling up of the prepuce in the shape of a blister; in this case, the taxis, which has been described in the preceding paragraph, should be attempted, and *Aconite* and *Arnica*, or, if these remedies be not sufficient, *Rhus tox.* should be given. But if the whole penis

should be inflamed, if violent erections should be constantly taking place, or chordée should have set in, in this case *Cantharides* will be found to act as a specific. For a simple inflammatory swelling of the penis without congestion, *Ledum* is a good remedy.

If the inflammation arise from syphilitic ulcers on the glans and inner surface of the prepuce, *Mercurius* is the best remedy, or else *Hepar sulph.*, or *Nitri acid.*, if the patient should have taken much Mercury. Where no cause can be assigned, *Cuprum*, *Cannabis*, *Cantharides*, etc., will do good.

For an erysipelatous inflammation *Camphora*, may prove useful, or *Belladonna* followed by *Calomel*, first or second tritur. *Rhus tox.* corresponds to vesicular excrescences on the inflamed parts. If symptoms of gangrene should set in, *Arsenic* must at once be given; the approach of gangrene is diagnosed by a sudden abatement of the violent pains, though the swelling remains the same, and by the livid colour.

§ 304. For the primary gonorrhœa of females, leucorrhœa virulenta, I refer the reader to my remarks on colliquations, § 93 of this volume. I have nothing further to add.

BALANITIS, GONORRHŒA PRÆPUTIALIS.

This affection only attacks men with a long prepuce, and subject to profuse secretions from the follicles of the glans, and scarcely ever occurred in my practice, except among men who had had several attacks of syphilis and had not kept themselves clean. The disease can likewise occur in consequence of a mechanical injury of the glans, pressure and friction during too tight an embrace, onanism, or an embrace with females during the menstrual flow, or females affected with leucorrhœa.

Symptoms of balanitis : The glans under the retreating prepuce appears somewhat swollen, red, and covered with a purulent mucus which has the odour

of old cheese. On the glans we observe actual abrasions. There is little pain, but heat and itching of the glans and prepuce. The disease runs a rapid course, and frequently disappears merely after bathing the part with milk. Sometimes abscesses form between the glans and prepuce in consequence of the accumulation of mucus; this, however, occurs very seldom in simple balanitis. If balanitis is accompanied with chancres, there is generally phymosis, and the chancre is felt through the prepuce like a hard spot; it is likewise probable that ulcers are present when the secretion is rather ichorous than purulent, sometimes mixed with blood, or when buboes are present.

§ 305. *Treatment:* Bathing with milk, or with a decoction of althea, or tepid water, is of the utmost importance in simple balanitis, that is, in balanitis occasioned by friction during too tight an embrace, or by enjoying an embrace with menstruating females, or females affected with leucorrhœa; it is likewise of importance to introduce a linen rag soaked with one of the above mentioned liquids, between the glans and prepuce, and to renew this three or four times a day. If this should not be sufficient, the parts should be bathed several times a day with limewater, or with a solution of one grain of the acetate of lead in from two to three ounces of water. This will suffice.

The more inveterate cases require internal remedies. If the disease should return after having been removed by such applications, it is fair to suppose that it is more deep-seated than appeared at first sight. This is particularly the case with men who had been several times attacked with syphilis. The best remedy is *Merc. præcip. rub.*, 2d or 3d trit., one grain morning and night, to be continued for five or six days, after which period the medicine is to be discontinued for a few days to ascertain whether the disease requires further treatment. This remedy is indicated when only part of the glans and corona glandis exhibits erosions, and the secretion is not ichorous but white-slimy, and has no very offensive smell. If this latter

symptom was present, if the ulcers were more extensive, covering even the inner surface of the prepuce, I always found *Cinnabaris*, 1st trit., preferable to the red precipitate. If the secretion be rather ichorous, with a penetrating odour; or if the erosions, particularly behind the corona glandis, should change to round, unclean or flat ulcers; or if the patient had taken a good deal of Mercury, then *Thuja* will be found the best remedy, and it will be rarely necessary to follow it up with *Nitric acid.*

If the disease owe its origin to onanism, the patient must, in the first place, renounce his habit; he complains of itching and creeping of the glans, which is covered with red spots of the size of a dime; these spots secrete a humour, especially near the corona, spread a fetid odour, and oblige the patient to scratch all the time. *Natrum muriat.* is the principal remedy for this condition, which requires to be followed by *Lycopodium* in a few cases, or, in some others, by *Sulphur.* Attomyr recommends *Corallia rubra*, 3d trit. This medicine has: the glans and inner surface of the prepuce are painful, red and swollen, secreting a yellow-green, fetid pus, with red, flat ulcers on the glans and inner surface of the prepuce, and a quantity of yellowish ichor.

Of any other remedies which have been recommended for this disease, such as *Sepia*, *Mezereum*, *Nux v.*, etc., I have nothing to say, because I have never used them.

§ 306. *Secondary gonorrhœa.*

Epididymitis gonorrhoica, orchitis gonorrhoica. Swelling of the testicles.

I refer the reader to § 255, vol. I., where he will find every thing I have to say on this head. As a preventive, the patient may, as soon as the gonorrhœa makes its appearance, wear a suspensorium; he should likewise guard against cold by every possible means.

If orchitis should have set in, the patient must keep a horizontal position, and wear a suspensorium.

§ 307. *Ophthalmia gonorrhoica.*

This disease is produced by a metastatic transfer of the gonorrhoic miasm to the eye, not by the introduction of the secretion into the eye. This may induce conjunctivitis, which, however, can easily be removed by washing the eye with tepid water or a decoction of althea.

Symptoms: The gonorrhœa disappears suddenly. Soon after, the patients experience a burning sensation in the eye, with visibly increasing dark redness of the eyelids and conjunctiva, which swells and becomes raised round the cornea like a wall. Soon after, the cornea becomes involved, turbid, congested interstitially distended, and assumes a granular appearance; a quantity of yellow or yellowish-green mucus is secreted, which resembles a good deal the secretion from the urethra. In many cases the cornea becomes softened, the humours of the eye flow out, and the eye becomes atrophied. In lighter cases, when the cornea is only partially destroyed, staphyloma takes place. In such cases, help must be afforded immediately, for the destruction of the eye is sometimes completed in twenty-four hours.

§ 308. *Treatment:* If the inflammation should develop itself slowly, it may be proper to give first a few doses of *Aconite;* but the more specific remedy should not be neglected. If the inflammation and swelling should continue in spite of the Aconite, if there should be an increase of secretion with burning pains in the eyes, *Mercurius* is probably the first remedy. Next to *Mercurius* we have *Nitri acidum*, or *Hepar sulph.*, unless *Thuja*, *Cannabis*, *Belladonna*, *Aurum*, *Euphrasia*, *Sulphur*, should be required by the symptoms.

§. 309. *Rheumatismus gonorrhoicus.*

This is a peculiar rheumatic affection, especially of the knee and tarsal-joints. The symptoms are the following: The disease sets in either during or after the gonorrhœa; it commences with pain and swelling of the joints, and is generally confined to the knee and tarsal joints, though other joints may likewise be involved. It is seldom the case that two joints are attacked at the same time. The symptoms are most violent when the gonorrhœa is on the decrease, or after it had been suppressed by Cubebs or Copaiva. The joints are generally somewhat swollen and painful, particularly in the evening, in bed. There is scarcely ever any external redness, nor is there any pain on pressure. The pulse is hurried; loss of appetite, derangement of the stomach. Relief is sometimes afforded by a sudden eruption of pustules, papulæ or spots, which remain a few days and then dry up and scale off. The articular affection sometimes sets in after a few days, or after weeks, and even months, and either runs an acute or chronic course.

Causes: Opinions differ in this respect. Some authors think the disease is occasioned by a cold, by living in damp dwellings, by an imprudent suppression of the gonorrhœa, metastasis to the joints, reflex-action of the irritated urethra to one or the other portion of the spinal marrow; others consider the disease as something accidental, existing independently of the gonorrhœal disease; others again consider the disease as produced by the action of Copaiva.

§ 310. *Treatment:* In the first volume of this work the reader will find a number of remedies indicated for rheumatism and arthritis, of which a physician may likevise avail himself in this disease, provided the symptoms correspond. One of the principal remedies is the *Balsam of copaiva*, of which I dissolve one drop in 99 drops of alcohol by means of long shaking, and give the patient a drop three times every day in water. I used the medicine when the gonorrhœa and

the articular affection was attended with the breaking out of pustules over the whole body; these indications are sufficient, for the disease yielded in a few days.

If, after the cure of the gonorrhœa, when the urethra was only left closed by a little mucus, the rheumatism was caused by a cold or exposure to wet, while the body was heated, I employed *Colchicum* 3 with great success; the pains in the joints are most violent from evening until day-break.

Some allœopathic writers (A Cooper, Cumaus) recommend small doses of *Terebinthina* for this disease. I have never used it, though it may be a good remedy.

Thuja is perhaps preferable whether the disease sets in during or after the gonorrhœa. The Thuja-pains are worse in the warmth, especially in bed, and its curative virtues in sycosic gonorrhœas, and in rheumatic and arthritic affections, especially of the knee and tarsal joints, are well known.

Sabina. Both the upper and lower limbs may be affected; small itching pimples which form scurfs after scratching, frequently appear on the affected joints, and the patient feels more comfortable in a cool room than in a warm.

Manganum aceticum is useful for rheumatic pains, particularly when digging and shooting pains in the cross-wise affected joints torment the patient, particularly at night, attended with little itching blotches which cause a burning after being scratched.

Phosphorus and *Hep. sulph.* are useful in the chronic variety. I refer the reader to the Mat. Med. for the symptoms.

§ 311. *Chancres.*

There are many varieties of chancre, though all are of syphilitic origin; they secrete a humour which is capable of transmitting the disease to other persons. Baumès asserts that primary chancre has not a single positive pathognomonic symptom.

The different varieties of chancre may be classed under the following heads, if we take their essential characters for guides:

1) *Simple chancre*, including the raised ulcer;
2) *Indurated or Hunterian chancre;*
3) *Phagedenic chancre*, including the so-called diphtheritic, gangrenous and serpiginous varieties.

a) *Simple chancre.* This is most frequent. It is seated on the body of the penis, on the inner and outer surface of the prepuce, and on the scrotum; it is of the size of from a small pea to that of a shilling-piece.

The simple chancre develops itself in this fashion: first a vesicle or pustule which shortly covers itself with a scurf, which, after falling off, leaves an excavated, oval or circular ulcer, with a lardaceous, dingy-yellow or brown bottom, and sharp edges which are, however, neither very much inflamed, nor callous or raised; the surrounding parts are of a brown-reddish colour. Neither the bottom nor the edges of the ulcer are hard.

In eight or ten days, the edges and sometimes even the base of the ulcer become raised, exhibiting a sort of spongy growth, and being sometimes considerably raised over the healthy parts (*ulcus elevatum*); in spite of this elevation there is no hardness as in the Hunterian chancre; the pus is of a serous character. There is little pain, or else it lasts but a short time; it is more painful when seated behind the glans or on the inner surface of the prepuce, than when seated on the glans itself. It may be complicated with bubo and phymosis; in the latter case it is not easy to diagnose a chancre on the internal surface of the prepuce, as it is impossible to feel any hardness through the prepuce. Unfavourable circumstances may transform a benign chancre to a phagedenic, or gangrenous ulcer.

b) *Indurated or Hunterian chancre.* This is either a primary chancre or it develops itself out of a simple chancre in consequence of bad treatment. This chancre is most frequently seen on the frenulum,

corona glandis, glans, prepuce, body of the penis, and sometimes even on the anterior surface of the scrotum.

This chancre is more or less circular, excavated, of a dark, livid, dingy colour, and a lardaceous, yellow base, without granulations; the edges are hard and thick, the bottom is callous. The induration terminates very suddenly, but may be of considerable extent even when the ulcer is very small. If the ulcer be seated on the penis, it is generally not excavated, the edges and base are less callous, the colour is less livid; on the prepuce the induration spreads considerably. It runs a slow course.

After the chancre is cured, an obstinate induration frequently remains. This is a bad omen, portending secondary troubles which seldom remain away. The indurated part may become excoriated, tear during an embrace, and give rise to an ulcer which may again assume a chancrous appearance.

Secondary symptoms sometimes make their appearance even while the chancre is still existing, such as: syphilitic appearances on the skin, ulcers in the mouth and throat, exostoses.

c) *Phagedenic chancre.* This chancre is either a primary disease, though this is rarely the case, or it develops itself out of a simple or indurated chancre. This variety is characterized by the continuous spreading of the ulcerative destruction, and has two forms, the *diphtheritic* and the *gangrenous.* The former ulcer is covered with a white-gray, pseudo-membranous, seated layer, which detaches itself in pieces, and is reproduced at the expense of the sound parts, so that the destruction keeps spreading more and more. The gangrenous chancre has a livid appearance, is surrounded by a livid areola and covered with gangrenous scurfs of various sizes, which, on being detached, open to view a common phagedenic ulcer that may again become covered with a new gangrenous scurf.

Both kinds of ulcer secrete a thin ichor, of a reddish-brown colour, acrid, frequently sanguineous, and extremely fetid; the surface of the ulcer is uneven as

if corroded, without granulations, sometimes bleeding very readily; the edges are irregularly indented, frequently œdematous, surrounded by dark redness. A phagedenic chancre is generally very painful; the patient complains of a violent burning as from hot coal, of violent stitches and gnawing, and the pains spread to the adjoining parts. There are likewise cases where the pain is very slight, in spite of the spreading destruction. The general organism is sometimes considerably disturbed, pulse 120 to 130, tongue brown and dry, face disfigured; the patient loses his strength, and typhoid symptoms seem to be approaching.

This kind of chancre involves the glans, prepuce, penis, labia, vagina, perineum, buttocks, and keeps spreading, until all these parts are destroyed. The ulcer seldom cicatrizes before the end of the second month, even in the most favourable case, whether the destruction run a rapid or slow course; in many cases the disease lasts from four to eight months and upwards; the ulcer keeping spreading from one part to another, alternately healing and breaking again. A chancre which heals on one side while it keeps spreading on the other, has been termed *serpiginous;* it gets worse under the treatment of Mercury. Buboes rarely exist with a phagedenic chancre; but if they did exist before this chancre broke out, they too become phagedenic.

§ 312. Every chancre may be complicated with phymosis, or, though less frequently, with paraphymosis. Phymosis makes it frequently impossible to diagnose ulcers seated on the inner surface of the prepuce, until they have spread a good deal, or gangrenous destruction of the glans and urethra, or perforation of the urethra, has taken place.

Females are less liable to chancres than males, probably owing to the greater elasticity of the female organs, which protects their mucous membrane from infection. The chancres of females are generally more benign than those of males; the classification is the same.

Primary chancres may be moreover seated at the anus, on the lips, tongue, female breast; exhibiting, of course, different forms, according as the tissue of the parts where the chancres are seated; for instance, ulcers on the glans are, generally speaking, round, excavated, indurated; when seated on soft skin or in loose subcutaneous cellular tissue, the bottom of the ulcer is more elevated, the edges are raised above the adjacent tissues, the base is hard and circumscribed. On the body of the penis the chancre is broad and superficial; on the thighs and calves it has a rounded-off shape, etc.

Diagnosis: The exciting cause must tell us whether an ulcer is syphilitic or not; besides, the following characteristic symptoms aid us in determining the syphilitic character of an ulcer: rounded-off shape, sharp edges, lardaceous, whitish bottom, hardness, disposition to spread, swelling of the inguinal glands, etc.

Herpes præputialis is distinguished from chancre by its base, which is not indurated as in chancre. On a red spot of the size of a dime, groups of little vesicles, from six to ten, start up, which break and then change to small crusts; the ulcers which thus arise, disappear in a few days. Psoriasis of the prepuce is easily distinguished from chancre by its scaly appearance.

Prognosis: Favourable, provided the patient obeys strictly the instructions of his physician, and does not indulge the least excess. A simple chancre most generally gets well without any secondary symptoms. A phagedenic chancre is very difficult to cure, particularly if the patient be infected with dyscrasia, with an impoverished constitution, and living in unfavourable circumstances. The longer the chancre had lasted, the more easily do symptoms of secondary syphilis break out. An indurated chancre is almost always followed by symptoms of secondary syphilis. They rarely set in after the serpiginous or gangrenous variety. (*Canstatt.*)

§ 313. *Treatment.* According to the doctrines of the homœopathic school, a chancre is not a local symptom, but the visible representative of an internal syphilitic disease. A chancre does not make its appearance till the syphilitic miasm has penetrated the whole organism, which, by means of its inherent vital or reactive energies, checks the destructive effects of the poison by compelling it to locate its sphere of action on the external skin within definite limits.

The specific remedy for syphilis is *Mercury*, not only *Mercurius solubilis*, but all the *other mercurial preparations* combined with other chemical substances. These will sometimes effect a cure where *Merc. sol.* leaves us in the lurch. Also in secondary syphilis, and in the diseases which sometimes set in as consecutive diseases of syphilis, *Mercurius* is the principal remedy, although we sometimes have to resort to other remedies on account of the psora and the mercurial symptoms with which we find the syphilitic disease combined.

As regards the action of Mercury, I am entirely of the opinion of Dr. Trinks, that, "in consequence of the slow action of Mercury upon the animal organism, Mercury is very little adapted to diseases that might soon terminate fatally, but only to diseases that run a slow course, and allow the Mercurius sufficient time to develop its action. This is the reason why one dose of Mercury will seldom be found sufficient, and why repeated doses of this medicine are required to overcome the inherent slowness of its action, especially in diseases which are deeply seated in the vegetative system."

The specific remedy for a primary chancre is *Mercurius sol.* The cure is effected more or less rapidly according as the patient is more or less sensitive to the action of medicine generally, or according as he had been treated with large doses of Mercury for previous syphilitic diseases. The best dose is one grain of the first or third trit., morning and night. If no improvement should take place within the first eight days, a

lower trit. must be given, should it even be one-third or one-half of a grain of the pure Mercury. If, however, an improvement should have taken place, the medicine may then be given less frequently until the cure is completed. I know very well that a cure can be effected in many cases by the attenuations of *Mercury*, but not near as safely as by the lower preparations.

If the lower as well as the higher preparations of *Merc. sol.* should prove ineffectual, in this case *Merc. præc. rub.* should be exhibited after an interval of from one to two days. I generally use the lower preparations, one-eighth or one-sixth, and so forth, of a grain, three times a day, gradually descending to the lowest preparations, if necessary.

If it should be an elevated chancre, *Merc. præc. rub.* may be employed from the commencement; and, if the middle portion of the chancre should be raised so as to give rise to the supposition that a condyloma is forming, *Cinnabaris*, first trit., should at once be resorted to, the patient taking several doses a day. If the chancre should not entirely disappear after Cinnabaris, *Thuja* should be given, not too high, and, if necessary, *Nitri acid.* after Thuja.

The presence of Phymosis and Paraphymosis does not alter the treatment of simple chancre.

§ 314. *Continuation of the treatment of chancre.* In the Hunterian chancre the hardness does, in most cases, not set in till a few days after the appearance of the chancre. The treatment is, at first, as above described. Only when the hardness sets in, it might perhaps be necessary to change the medicine; but this has to be done very carefully, lest the patient should be injured by the improper substitution of one remedy for another. Select your remedy with care, and then give it a fair chance to do all the good it can.

Merc. sol. will sometimes be found sufficient, but the *red precipitate* will generally have to be resorted to. This chancre is sometimes attended with consecutive symptoms, such as ulcers in the throat and

fauces, even while the primary ulcer is still existing. It seldom gets well under forty to fifty days. Avoid all improper hurry. I give a dose of the above-mentioned remedies morning and night, and discontinue them as soon as the consecutive symptoms make their appearance. Then I give *Hep. sulph.* first or second trit., and if this should not be sufficient, *Nitri acid.* This treatment is generally sufficient, and nothing remains except the local chancre, or even this symptom may have disappeared, and nothing may have been left except a remnant of the tuberculous disorganization. For this I give the *Iodide of mercury*, second or third trit., at first at short, and then at longer intervals, continuing it until the indurations have entirely disappeared. I have tried *Calomel* for the consecutive symptoms, but with no good effect, for ptyalism set in even after the smallest doses; it is perfectly suitable, however, when ptyalism accompanies the above-mentioned consecutive symptoms. In cases where the velum palatinum is sore and ulcerated, with painful burning, *Acid. phosph.* is preferable to Nitri acidum.

§ 315. *Continuation of the treatment of chancre.* The phagedenic chancre, this most destructive form of the disease, demands a most energetic treatment. I formerly believed, with other physicians of our school, that this chancre derived its destructive properties from its complication with scrofula or herpes; but experience has taught me better. Prescribing upon this supposition, I have allowed the fauces to be destroyed by ulcers, the nasal bones to become involved, the syphilitic ulcers to spread over the whole body, to enlarge and to discharge a cadaverous ichor with a cadaverous smell. The patients scarcely looked any more like human beings, suffering dreadful pains, with swelled bones or the bones destroyed by ulcers. No remedies will do for this kind of chancre except *Mercury*, but it must be given in proper doses; the organism must be saturated with *Mercury* to overcome the dire enemy. Be not afraid of aggravations; away

with this foolish bugbear, and even if some medicinal symptoms should develop themselves, what is that to the patient, provided he gets well of his disease? But these symptoms will be found to amount to very little, if anything.

The best mercurial preparation to be employed in the treatment of phagedenic chancre, is *Merc. præcip. rub.* in substance. Some physicians use *Cinnabaris* for chancre; whether it is of use in the treatment of phagedenic chancre, I am unable to say; it seems to me, however, that it can only be used in the incipient stage of the ulcer. At a later period, more energetic and penetrating mercurial preparations have to be used. Among these, *Calomel* is excellent, were it not for the ptyalism which it is apt to excite, and for the illusory disappearance of the ulcer under the action of this agent. For these reasons I resort to *Merc. corros.*, commencing with one-tenth of a grain several times a day, and increasing the dose gradually until the spreading of the chancre is arrested. Should the patient have taken much *Mercury*, it is well to interpolate a few doses of *Acidum nitri* before continuing the Mercury. If, however, the Corrosive sublimate should not suffice, then the physician will have to choose between *Merc. præc. albus* and the *Iodide of mercury.*

For serpiginous chancre, I propose *Thuja* as the best remedy.

Chancres on other parts of the body, anus, lips, mammæ, require the same treatment as that which has been indicated in the last three paragraphs.

If the treatment which I have indicated for a phagedenic chancre should prove fruitless, this would be a sure sign that the disease is complicated with psora, scrofula, etc. In this case, *Hep. sulph.*, *Sulphur*, *Caustic.*, *Aurum mur.*, *Merc. nitros.*, *Dulcam.*, *Acid. phosp.*, *Staphys.*, *China*, etc., are required as intercurrent remedies. In an extreme case, I would not hesitate to use Zittmann's decoction.

§ 316. *Syphilitic buboes.*

They are commonly found among the superficial, seldom among the more deep-seated inguinal glands. They generally appear the second week after the breaking out of the chancre, are sometimes preceded by a chill, and set in with a slight pain in the inguinal fold, extending down the thigh and impeding the use of the lower limbs. Shortly after, a gland begins to swell, which is at first movable under the skin, having a globular or flat-oval shape, and being painful to pressure. Sometimes the lymphatic vessels extending from the chancre to the gland, are inflamed. Little by little the gland enlarges, becomes immovable, and the skin which covers it becomes red, cherry-brown. The swelling is either dispersed or else the gland suppurates under homœopathic treatment.

The bubo requires the same treatment as the chancre. It disappears with or before the chancre; but, if the chancre should get well first, another mercurial preparation would have to be chosen for the bubo; or, if the patient should have been drugged with Mercury, some suitable antidote, or some anti-scrofulous medicine, if scrofula should complicate the syphilitic disease. I do not deem it necessary to repeat the various remedies which might be required for these different contingencies.

§ 317. *Syphilitic excrescences, condylomata, Hahnemann's sycosis.*

According to Hahnemann, sycosis is a disease caused by a particular virus, not syphilitic, and generally, but not always, accompanied by a discharge from the urethra. It is probable, however, that sycosis is a syphilitic disease, though not curable by Mercury.

The phenomena which characterize this disease we will designate by the term "*syphilitic excrescences.*" These are the vegetations of the skin and mucous membranes known as *venereal warts, figwarts, condylomata, mucous tubercles*, etc., which are nothing but hypertrophies of the subcutaneous or submucous cel-

lular tissue. If covered with a thick epidermis, they are dry, horny, and are called *venereal warts;* if covered with a thin pellicle, or none at all, they are soft, moist, secrete a peculiar, acrid fluid, and then belong to the class of *moist condylomata* or *mucous tubercles.*

Condylomata are either *flat*, with a broad basis, or *pediculated, conical.* This depends upon locality, warmth, greater or lesser degree of humidity, friction. The flat condylomata consist in a soft, superficial, almost circular elevation of the cutis, smooth on the surface ; they are the more frequent, and are generally found between the buttocks, around the anus, on the perineum, thighs, scrotum, on the skin of the penis, especially where it covers the scrotum, and on the outer surface of the labia.

The acuminated, pediculated condylomata are small, sometimes from one to two lines long, thread-shaped, forming groups shaped like the crest of a cock or a strawberry; they spread very rapidly and sometimes cover a large surface; they are less frequent, but more obstinate ; they are generally found on the inner side of the prepuce, on the clitoris, at the entrance of the vagina, on the nymphæ, even higher up.

There are *pin-shaped* condylomata, seated on the border of the glans, and on both surfaces of the lesser labia.

The more delicate, vascular and nervous the tissue of the condylomata, the more obstinate their course. They secrete a peculiar, fetid, acrid matter, which gives rise to new condylomata on the adjacent parts. They are generally very little painful, sometimes, however, a good deal; on open parts of the skin they look much paler than on those parts which are not exposed to the light and air.

§ 318. *Treatment of syphilitic excrescences.*

According to Hahnemann, the best mode of treating sycosis is the following:—A few pellets of *Thuja* 30,

to be allowed to act for thirty or forty days, and to be followed by a few pellets of *Nitric acid.* 9, to be allowed to act equally as long. In bad cases, the excrescences may be touched once a day with the essence of *Thuja.*

It is true that *Thuja* and *Nitric acid.* are the best remedies for sycosis, but not in such small doses as have been prescribed by Hahnemann; much less should the so-called high potencies be relied upon; these are positively useless in the treatment of syphilitic diseases.

Physicians still differ in their opinions about the use of one or the other of these two remedies in sycosis. According to my observations, *Thuja* is suitable for condylomata attended with gonorrhœa, for such as develop themselves out of chancres (not quite certain) and for flat condylomata with a broad basis; the two latter varieties require the external application of *Thuja.* According to Attomyr, on the contrary, *Thuja* corresponds to condylomata which are not humid at first, but become so afterwards, and, in shape, resemble the cauliflower.

Acid. nitri. seems to be the specific for pediculated and pin-shaped condylomata. The larger, readily bleeding condylomata, which, by their rapid growth, are apt to induce phymosis, should at the same time be touched with a solution of *Argent. nitric.* There is a kind of condyloma which develops itself out of a boil-shaped ulcer on the prepuce; the ulcer has a dark-blue, greasy bottom, and covers itself with a crust under which an ichor is secreted which causes the ulcer to spread more and more. After the falling off of the scurf, we perceive enormous abnormal granulations which at once reveal the true character of the excrescence. In two cases, the whole disease disappeared in a few days after the use of *Acid. nitr.* Six or eight weeks after, I saw the patients again, and other fresh-looking condylomata had started up behind the glans. I could not tell whether these were a new development of the old disease, or the result of

a recent infection. They were pediculated, and yielded to *Sabina* 1, very readily.

Sabina is an excellent remedy for condylomata; I generally give it when *Thuja* and *Nitri. acid.* are ineffectual; it seems to rank with Nitr. acid.

Cinnabaris is suitable for condylomata which develop themselves out of chancres, particularly when pediculated and readily bleeding. I have used *Euphrasia* for stinging or burning pains in the figwarts.

Acid. phosph., *Staphys.*, *Lycop.*, seem to have some relation to figwarts, but I am unable to say where these remedies should be used.

§ 319. *Secondary Syphilitic diseases. Syphilides.*

Generally speaking, condylomata and cutaneous excrescences. They sometimes appear even during the existence of the primary chancre, sometimes, however, not till months and years have elapsed.

The principal forms of these secondary syphilitic diseases are, scales, tubercles, maculæ, pustules, vesicles.

a. Maculæ. Roseola syphilitica.

These are irregular, circular, measle-shaped, copper-coloured spots, momentarily disappearing under the pressure of the finger; they frequently spread over a large portion of the body, disappear at one place and reappear again at another; they generally appear on the neck, head, face, and fall off in bran-shaped scales; they are generally attended with primary syphilitic symptoms, and sometimes disappear without treatment.

b. Papulæ. Blotches, Lichen syphiliticus, venereal itch.

These are copper-coloured spots, from the surface of which start up papulæ without itching, of a gray, brown, or brown-violet colour, small and conical, or large and spherical; at times they appear in groups like lichen, at others they are scattered. This eruption generally appears on the upper extremities, the back, shoulders, forehead, scalp, and abdomen. The

blotches scale off after a time; the papulæ, on the contrary, leave a yellow, brown-violet spot on the skin, which disappears after a while. The tip sometimes suppurates; or obstinate scales and scurfs form on the papulæ; or they increase to the size of tubercles. This excrescence is likewise frequently accompanied with primary syphilitic diseases, and is sometimes difficult to cure.

c. Scales, Lepra et psoriasis syphilitica.

Of these we have the following varieties:—

α. Psoriasis syphilitica guttata, (see § 30, vol. II.) These are small, circular, lentil-sized, copper-coloured spots, somewhat raised on the skin, gradually covering themselves with small, dingy-white, or grayish scales surrounded by a white border; after the scales fall off, the skin is still a little raised and dark-red.

β. Psoriasis syphilitica diffusa. Larger, round, or irregular, yellowish, pale-red or copper-coloured spots, covering themselves with scales; in the centre of the spots a little ulceration sometimes forms, covered with a black crust; the scaly part frequently appears fissured. The former variety is almost always seated on the scalp, the latter on the trunk, extremities, scrotum, anus, scalp. On moist parts, a clear serum is discharged from these spots, after which superficial ulceration or condylomata take place.

γ. Psoriasis syph. plantaris et palmaria. Shining, hard, dingy-gray or blackish scales, seated on small, round, as it were horny spots, with a pale-red or indistinctly-coloured bottom.

δ. Lepra. nigricans. Rare. Circular spots of different sizes, of a dingy or blackish colour, pitted in the centre. After the falling off of the little scurfs, a slightly swollen spot remains, which looks like the scurf, and retains its colour for some time.

ε. Psoriasis syph. frequently invades the finger and toe-nails, and causes them to fall off, (*onychia syphilitica,*) the nail is not reproduced with a regular shape.

d. Pustules, ecthyma syphiliticum.

Large pustules, with brownish areolæ, generally isolated, sometimes flat; give rise to an ulcer which is not very deep, and covers itself with a blackish, not very thick crust. Sometimes, however, thick crusts form, which are reproduced several times, and on falling off, leave deep ulcers (transition to rhypia). They are principally seen on children with congenital syphilis, on the buttocks, on the upper and internal surface of the thigh, on the genital organs.

There is a species of impetigo syphiliticum, the pustules not being isolated, but forming groups. These pustules likewise give rise to badly-looking ulcers and ugly cicatrices.

e. Bullæ. Rhypia syphilitica.

The pustules may become transformed to rhypia by means of the scurf which covers them increasing in thickness from below, and assuming the shape of an oystershell. After the falling off of the scurf, an ulcer discharging a dingy ichor, with callous edges and surrounded with a livid skin, makes its appearance. Sometimes the rhypia commences with large pustules containing a thin, bloody serum with a fetid smell, and giving rise, after breaking, to the above-described thick crust. It is rare that there are a number of pustules, and they are of the size of a hazel or walnut. The rhypia-ulcer may penetrate to the bone and cause caries; it is attended with general cachexia, livid appearance, sometimes with a phagedenic ulcer in the throat, on the genital organs, frequently even with periostitis, rarely or never with iritis syphilitica. Individuals, even when robust, that are attacked with this form of syphilis, emaciate very rapidly.

The above-described syphilitic cutaneous eruptions may leave secondary syphilitic cutaneous ulcers changing to the various forms of chancre, penetrating deep into the parts, destroying fibrous, cartilaginous, osseous tissues, destroying even the nose and denuding the cranium.

Rhagades are oblong, badly looking, sometimes very

painful, ulcerated fissures which frequently arise from pustules, with hard edges and a grayish bottom, principally seated between the fingers and toes and at the anus. Partial *falling off of the hair* is very frequent; alopecia much less so.

§ 320. *Treatment of secondary syphilis.* *Mercury* is the principal medicine for these secondary syphilitic eruptions, and for the syphilis, of which they are mere symptoms. Allœopathic physicians use Iodium and Sassaparilla for these eruptions, which homœopathic physicians only use for syphilis complicated with mercurial symptoms. The principal mercurial preparations which are of service in the treatment of these secondary syphilitic diseases, are: *Merc. præcip. rub.*, *Merc. corr.*, *Cinnabaris*, *Merc. nitros.*, though the other preparations may likewise be useful. Beside these preparations, we have: *Thuja*, *Nitri acid.*, *Hepar sulp.*, *Clematis*, *Staphys.*, *Phosphor. acid.*, *Mezereum*, etc. (See cutaneous eruptions at the commencement of this second volume.)

§ 321. *Secondary syphilitic affections of the mucous membranes.*

There are likewise syphilitic spots, pustules, tubercles upon the mucous membranes as upon the skin, except that they cannot be distinguished as clearly on account of the mucous membrane not being provided with a firm epidermis. These affections are best divided into two groups, *pustulous* and *exanthematous* or *condylomatous*.

The pustulous form is principally seen on the mucous membrane of the tonsils and the posterior portion of the fauces; sometimes it is likewise seen in the inner nose and larynx, at the rectum, rarely somewhere else. It frequently co-exists with pustulous eruptions on the skin. The ulcers on the mucous membrane are excavated, with a white bottom, sharp edges, red border; they frequently cause frightful

disorganizations, eating away the uvula, soft palate, bringing on caries of the nasal bones, vertebræ, etc.

The so-called exanthematous ulcer of the mucous membrane is generally seated on the arch of the palate, the inner surface of the cheeks and lips, on the tongue; much less frequently on the tonsils, the inner nose, in the larynx or rectum. This ulcer is never excavated like the pustulous ulcer; the ulcerated surface is white, papescent, surrounded by a small red areola. On the dorsum of the tongue, on the tonsils, these ulcers sometimes give rise to condylomata, which may even make their appearance on the outer larynx. These ulcers generally are attended with condylomata and a scaly eruption, rarely with an affection of the bones; sometimes with diseases of the testicles and eyes. At first we sometimes do not discover anything but an erythematous angina without ulceration; the mucous membrane is red, interstitially distended, traversed by varicose vessels, and parts of it are covered with a layer of tenacious mucous or white lymph. This simple syphilitic angina sometimes precedes the chancres in the throat.

These chancres spread to the nasal cavity, where they induce destructions as well as in the bony palate. They likewise destroy the vertebræ, and by eating into the carotid and lingual arteries, they induce fatal hæmorrhage. By invading the Eustachian tube, they occasion temporary or permanent deafness; if invading the larynx, they lead to phthisis laryngea. The remaining cicatrices are much whiter than the mucous membrane, resembling the cicatrices of burns; they frequently cause dragging, drawing pains, especially when there is a change in the weather. The speech is altered, nasal. Phagedenic ulcers in the throat exist simultaneously with rhypia-ulcers on the skin, are attended with rapid emaciation, cadaverous complexion, and are succeeded at times by colliquation, at others by hectic fever.

The secondary syphilitic can be distinguished from the mercurial ulcers in the mouth and throat by the

following symptoms: the latter are generally seated on the inner surface of the cheeks, on the edges of the tongue; they do not spread, like syphilitic ulcers, from behind forwards, but in an opposite direction, spread more rapidly than syphilitic ulcers, have a whitish, almost milky, not grayish-dingy bottom, and are not surrounded by erysipelatous redness.

§ 322. *Treatment:* The mercurial preparations are the specific remedies for these affections. The kind of preparation must be left to the judgment of the physician. But he will have to act with energy to counteract the destruction which sometimes progresses very rapidly in these tissues, and, to attain this purpose, he will sometimes have to use local means, such as gargling the throat with a *solution of corrosive sublimate.* If complicated with mercurial symptoms, I used *dilute nitric acid* for the same purpose, or the *liquor hydrargyr. nitros.* If detached bones are in the way of a cure, they have to be removed by surgical means.

The selection of the remedy does not depend upon the seat of the ulcer, nor upon the sensations experienced by the patient, but upon the nature of the ulcer. A *mercurial preparation* will have to be used, and the medicine will have to be given in much larger doses than we are in the habit of doing, otherwise fauces, mouth, nose, etc., will all go to destruction. The remedy is sometimes indicated by the attendant syphilitic appearances in other parts of the body; for instance, *Merc. præc. rub.*, *Cinnabaris*, *Merc. nitros.*, *Nitri ac.*, and *Thuja*, are required when out of the secondary exanthematic ulcer, whether the Hunterian or phagedenic chancre, condylomata have developed themselves. If accompanied with bullæ, rhypia, *Merc. corros.* is the principal remedy, unless *Merc. præc. rub.* or *alb.* is more specifically indicated. If complicated with mercurial ulcers in the mouth and throat, *Iod.* and *Nitri ac.* deserve a preference.

If, after the secondary syphilitic ulcer is cured, there should be still a remnant of the secondary syphilitic

eruption, some other medicine will have to be chosen for the latter. Lepra and psoriasis syphil. will frequently yield to *Dulc.*, *Clemat.*; *Lycop.*, *Mezer.*, *Calcar.*; the scurfy eruption to *Lycopod.* and *Calc.*, or to *Conium*, *Psorin* (?), *Graphit.*, *Ranunc.*, etc.

It is almost impossible to indicate a remedy for single syphilitic symptoms. The medicine should always be selected in accordance with the totality of the symptoms. The following paragraphs will furnish some further indications in reference to the selection of proper remedies.

§ 323. *Secondary syphilitic affections of the osseous, cartilaginous and fibrous systems.*

These syphilitic affections of bones generally appear after the secondary affections of the skin and mucous membranes, and have therefore been called tertiary symptoms. This generalization is, however, incomplete. Months and even years frequently intervene between the primary symptoms and the affections of the bones, which, in most cases, announce themselves a long time previous by *bone-pains*, from which the subsequent syphilitic affection cannot, however, be prognosticated, although the concomitant circumstances and the origin of these pains might justify such a diagnosis.

The bone-pains are at first vague, resembling rheumatic pains, coming and going, not confined to one bone; they are boring, gnawing, generally continuing from evening till early in the morning, when they abate after the breaking out of a pleasant sweat.

The syphilitic affections of bones are: soft and hard swellings of the periosteum, (*gumma* and *tophus*,) *exostosis*, *caries* and *necrosis*. They occur most frequently on bones that are only covered by the skin, such as tibia, fibula, bones of the forearm, nasal bones, cranium, upper jaw. The swellings of the periosteum are small, of a doughy (gumma) or hard feel (tophus); they are seated on the surface of the bone, extremely painful, leaving the integument unaltered. Both

swellings arise after periostitis, tophus between periosteum and bone, gumma between periosteum and aponeurosis.

Secondary syphilitic affections of the nasal and palatine bones are most frequent. They disfigure the face in the most horrid manner, unless the destruction is speedily arrested. Every one of the bony and cartilaginous constituents of the nose may be destroyed. Generally one side of the nose swells first, becomes red and erysipelatous; a serous fluid is discharged from the nose, (*ozæna syphilitica.*) which is sometimes bloody, incrustating, sometimes purulent or ichorous, having a fetid smell and mixed with black bony particles; the soft parts gradually cave in, and, if the cartilage should be destroyed likewise, the nose is gone. If the destruction should proceed from the arch of the palate, the ossa palati remains sound; the palate is perforated, the voice becomes nasal, deglutition is difficult, on account of food and drink getting into the nasal cavity.

Cartilages, especially the sternum, are likewise invaded by secondary syphilis; they become inflamed, swell, ulcerate, and necrosis sets in. This is likewise the case with the cartilages of the larynx, which gives rise to phthisis laryngea syphilitica.

§ 324. In secondary syphilitic affections of the bones, the osteocopic pains are the real object of cure, for as soon as the pains have disappeared, the disease itself may be supposed to have left likewise. If, however, a remnant of the disease should still exist, the same remedy should then be continued until every vestige of pain and disease has disappeared. In osteocopic pains, three cases may occur: uncomplicated secondary syphilitic affections of bones, or complicated with mercurial symptoms, or, mercurial pains alone. The physician will have to discover by careful obsertion to which of these three classes the pains belong.

Iodium and *hydriodate of potash* are excellent remedies for bone-pains complicated with mercurial symptoms. For uncomplicated syphilitic bone-pains we

have *Asa.*, *Aurum.*, *Hepar sulp.*, *Nitri ac.*, *Phosphor. ac.*, *Silic.*, *Mercur.*, etc.

Mercurius is the principal remedy for uncomplicated syphilitic bone-pains or syphilitic caries; and if mercurial symptoms should be present, the *Iodide of mercury* may be given. *Mezereum*, *Lycop.*, *Mangan.*, *Sulph.*, *Calc.*, *Staphys.*, should not be forgotten.

For purely mercurial osteocopic pains, I recommend *Opium*, *Dulc.*, *China*, *Carbo. veg.*, *Guajac.*, *Sassapar.*, *Arsen.*, *Sulphur*, *Nitri acid.*, etc., also small shocks of positive electricity. I am unable to furnish more particular indications for the use of each particular medicine, and have to rely upon the judgment of the physician to supply this deficiency.

§ 325. *Secondary syphilitic affections of the eye.*

This affection always appears in combination with syphilitic cutaneous affections. Iritis syphilitica attends more frequently exanthematic than pustulous secondary syphilitic affections. The usual attendants of iritis are the small crusty pustule, the desquamating papula, or a scaly eruption. There are two forms of syphilis in the eye.

1. *Conjunctivitis syphilitica.* It is known by the peculiar, sharply circumscribed, brick-red vascular wreath in the conjunctiva and sclerotica, where the cornea is inserted in the sclerotica, appearing surrounded with a vascular wreath of a line in breadth; there is great photophobia and an intense pain in the adjacent parts of the eye.

2. *Iritis syphilitica.* Characterized by contraction of the pupil, immobility of the iris, which protrudes towards the cornea like a pad, profuse lachrymation, acute pains in the orbital region, change of colour; this disease is frequently induced by condylomatous excrescences, which likewise produce striking alterations in the pupil.

The principal remedies for such affections are: *Aconite*, *Bellad.*, *Mercur.*, *Thuja*, *Cannab.*, *Hep. sulph.*, *Conium*, *Nitri acid.*, *Clematis*, etc.

§ 326. *Syphilis neonatorum s. congenita.*

The infection of the fetus or infant takes place in the following manner:

1. Father or mother, or both parents, are afflicted with primary or secondary syphilitic symptoms at the time when they are engaged in the act of propagation, thus communicating the disease to the germ; such a fetus seldom arrives at a full period, but generally dies in the fifth or sixth month in the uterus, producing miscarriage.

2. Only the mother is syphilitic, infecting the fetus during pregnancy.

3. The mother is affected with primary syphilitic symptoms of the genital organs, discharge, chancre, condylomata, infecting the child while passing through the vagina. In such a case, the syphilitic symptoms make their appearance a few days or weeks after birth.

4. If nurses or mothers are affected with primary syphilitic rhagades, ulcers of the nipples, similar ulcerations will break out on the lips or in the mouth of the infant, and *vice versa.*

Phenomena of secondary syphilis of new-born infants. If the child is born with syphilis, the skin generally has a light-brownish or dingy-straw-coloured appearance, the epidermis is easily detached, as on parts in a state of decay, or else it is raised in blisters; the muscles are soft, flabby, the children are exceedingly small, impoverished, they look old; their voice has a piping sound, the nose is stopped, the corners of the mouth are putrid.

If the disease break out after birth, this generally takes place two months after the birth of the infant. Wallace furnishes the following description of it: "In the first weeks, the disease looks like measles. On the face, the eruption is frequently confluent, and the scales are so thick that the eruption looks like psoriasis. On the nates, the eruption is likewise strongly marked, and speedily terminates in ulceration when the children have an impoverished constitution.

If the disease should break out still later after birth, condylomata make their appearance on the sexual organs, rhagades in the corners of the mouth, superficial suppuration of the mucous membrane of the lips, mouth, ulcers in the throat, and the voice is almost always altered, with difficulty of breathing through the nose. The older the child, the more frequent the condylomata, rhagades in the corners of the mouth, ulcers in the fauces and on the mucous membrane of the mouth." Sometimes there is otorrhœa, iritis, periostitis. Hufeland thinks that congenital syphilis frequently appears in the shape of scrofula.

Prognosis. Not very favourable; the disease is curable, but weakly children die of it very often.

§ 327. *Treatment of congenital syphilis.* If the parturient female should be syphilitic, the vagina and vulva should be greased, the child should be disengaged as soon as possible, and, after birth, should be washed very carefully, especially the eyes, inner mouth, and the different orifices of the body and the folds in the skin; it is likewise necessary to examine the child every day in order to meet by proper treatment whatever syphilitic symptoms may make their appearance.

If the child should still be at the breast, it is best to give the medicine to the mother or nurse.

If the medicine be given to the child, a high preparation of *Merc. sol.* is sufficient; if the mother, on the contrary, take the medicine, a lower preparation should be given.

It frequently happens that a homœopathic physician is called upon to treat children that have already been under allœopathic treatment. In this case, the physician must examine with great care what course had been pursued by the allœopathic physician; for it is more than probable that the large doses of mercury with which the little patient had been dosed, have produced mercurial symptoms. It is the fashion of allœopathic physicians to give large doses of Mer-

cury even when there is no positive proof of syphilis, and the homœopathic physician is afterwards called upon to relieve the little patient of the horrid disease which the destructive action of syphilis and Mercury had occasioned.

If the disease had been getting worse under the action of Mercury, this would be a sure sign, that mercurial symptoms had developed themselves. The prognosis is rather doubtful.

If the little sufferer should be attacked with stomacace, or angina mercurialis; if the soft and hard parts should even be partially destroyed; *Aurum* 3 would be the most efficient remedy to stop the further destructive effects of Mercury. *Aurum* should be followed by *Hepar. sulp.* 2d or 3d. If the mercurial disease have been caused by *Calomel*, a dose of *Merc. sol. Hahn.* or of *Mercurius vivus*, or, still better, of *Merc. sublim. corros.*, may occasionally be given. If the stomacace should be accompanied with dysphagia, or with an immobility of the jaws, swollen, retreating, spongy gums, ptyalism, etc., *Belladonna*, *Dulcam.*, and *Acid nitri.* should be resorted to.

For caries of the nasal bones, give *Aurum.* For caries of other bones, swelling of single parts of cartilage, thickening of the periosteum, especially when these symptoms had been made worse by Mercury, give *Asafoetida.* It is therefore eminently useful in scrofula mismanaged by Mercury. *Mezereum and Acidum phosphor.* rank with *Asa.* If time permits, a dose of China may be given before the above-mentioned remedies are used.

For suppurating lymphatic swellings or for other suppurating ulcers, *Pulsat.*, *Acid. phosph.*, *Silicea* or *Carbo veg.* will be found very useful.

Cicuta virosa is likewise very useful in painful glandular indurations and other pains produced by Mercury.

China should always be given first when the following symptoms are present: great sensitiveness for external irritating causes, spasms, tremour, and other

nervous symptoms, restlessness, want of appetite and sleep, loathing, cold extremities, pointed nose, livid face, hectic fever, with great prostration and thirst, small, hard, quick pulse. After *China* may be given *Ferrum.* Perhaps a few doses of *Spiritus nitri dulcis* will be found very useful at first. For the profuse and obstinate sweats or night-sweats, *Phosphoric acid* will, next to *China*, be found very useful.

For all the above-mentioned mercurial symptoms, *Dulcam.*, *Acid nitri.*, *Sarsapar.*, are excellent remedies, and deserve honourable mention even as intercurrent remedies.

For *syphilis congenita* without mercurial complications, the well-known mercurial preparations are the specific remedies, except that the dose has to be adapted to the age and constitution of the patient. All the various remedies which have been named in these chapters on syphilis, correspond both to syphilitic and mercurial affections.

THE END.

GENERAL INDEX

OF THE FOUR VOLUMES.

(The small figure immediately after the name of the disease, indicates the volume.)

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